

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000000972 1. Entity Name NHP AFFORDABLE HOUSING PARTNERS AZ2 LIMITED PART			
Principal Place of Business 1675 PALM BEACH LAKES BLVD., SUITE 1002 WEST PALM BEACH FL 33401		Mailing Address 1675 PALM BEACH LAKES BLVD., SUITE 1002 WEST PALM BEACH FL 33401	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ERBEY, JOHN R 1675 PALM BEACH LAKES BLVD., SUITE 1002 WEST PALM BEACH FL 33401			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. Capital Contributions as Shown on record. \$1,980.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,107,609.38	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	OCWEN FEDERAL BANK FSB 1675 PALM BEACH LAKES BLVD., SUITE 1002 WEST PALM BEACH FL 33401	STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: [Signature] R. Barnes 2/1/01 561-682-8000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>			

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FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

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