

A9800000/175

FLORIDA LOW INCOME HOUSING ASSOC. INC.
 NON-PROFIT HOUSING PROVIDER
 383 E. Gulf to Lake Hwy.
 352-726-1113 Lecanto, Florida 34461 fax 352-726-1130

May 7, 1998

Florida Department of State
 Division of Corporations
 Registration Section
 P.O. Box 6327
 Tallahassee, Fl. 32314

100002517491--2
 -05/08/98--01093--011
 *****96.25 *****96.25

Gentlemen:

Attached is our application for filing a certificate of limited partnership. We have enclosed the proper fee and a return overnight envelope properly labeled for your convenience.

We trust the attached meets with your requirements, however should you need additional information please feel free to contact our office.

Yours truly,

Maureen Wilson

Maureen Wilson
 Executive Director

Attachments: application for filing limited partnership
 check for \$96.25
 UPS return envelope

FILED
 98 MAY -8 PM 4:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

A98-1175

Name	<i>92511</i>
Availability	
Document Examiner	<i>OK</i>
Updater	<i>OK</i>
Updater Verifier	<i>OK</i>
Acknowledgement	
W. P. Verifier	<i>OK</i>

CERTIFICATE OF LIMITED PARTNERSHIP

1. Heron Woods, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 9330 W. Fort Island Trail # 8
(Business address of Limited Partnership)
3. Dan D. Wilson
(Name of Registered Agent for Service of Process)
4. 583 E. Gulf To Lake Hwy. Lecanto, Florida 34461
(Florida street address for Registered Agent)
5. See below
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. P.O. Box 2917 Crystal River, Florida 34423
(Mailing Address of the Limited Partnership)

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TALLAHASSEE, FLORIDA

7. The latest date upon which the Limited Partnership is to be dissolved is: 2015

8. Name(s) of general partner(s): _____ Street address: _____
Florida Low Income Housing 583 E. Gulf to Lecanto, Florida 34461
Assoc. Inc. 131431 Lakes, Hwy,

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 7th day of MAY, 19 98

Signature of all general partners:

Florida Low Income Housing Assoc. Inc.
General Partner

[Signature]
General Partner / Registered Agent

General Partner

General Partner

General Partner

General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of _____

_____ Heron Woods, Ltd. _____

a Florida Limited Partnership, certify:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The amount of capital contributions to date of the limited partners is \$ 100.00

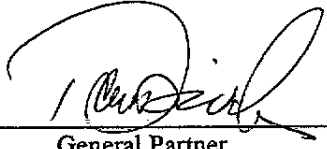
The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 100.00

Signed this 7th day of MAY, 19 98

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the
contents thereof and that the facts stated herein are true and correct.*

~~Florida Low Income Housing Assoc. Inc.~~
General Partner


General Partner

General Partner

General Partner

General Partner

General Partner