

# 2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000001281

Entity Name

NHP AFFORDABLE HOUSING PARTNERS CA1 LIMITED PART  
NERSHIP

FILED

02 MAY -1 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business Mailing Address  
1675 PALM BEACH LAKES BLVD. #1002 1675 PALM BEACH LAKES BLVD. #1002  
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number 65-0847406 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERBEY, JOHN R  
1675 PALM BEACH LAKES BLVD, #1002  
WEST PALM BEACH FL 33401

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$2,391,875.00

10. Amount of Capital Contributions in FLORIDA to date. 3,113,553.33

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 OCWEN FEDERAL BANK FSB  
STREET ADDRESS 1675 PALM BEACH LAKES BLVD, #1002  
CITY-ST-ZIP WEST PALM BEACH FL 33401

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

PF \$526.25

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STREET ADDRESS  
CITY-ST-ZIP

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: *John R. Barnes* SIGNATURE REGISTRATION

2-12-02

564682-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)