


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A98000002736	
NHP AFFORDABLE HOUSING PARTNERS CA5 LIMITED PART NERSHIP			
Mailing Address 1675 PALM BEACH LAKES BLVD., SUITE 1002 WEST PALM BEACH FL 33401		Principal Office Address 1675 PALM BEACH LAKES BLVD., SUITE 1002 WEST PALM BEACH FL 33401	
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED

99 APR 14 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3. Date Formed or Registered 12/11/1998	5a. Capital Contributions as Shown on record \$1,980.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date \$3,186,918.00
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number 65-0887061	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired	<input type="checkbox"/>
8. Make check payable to: Dept of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
ERBEY, JOHN R 1675 PALM BEACH LAKES BLVD., SUITE 1002 WEST PALM BEACH FL 33401		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
OCWEN FEDERAL BANK FSB	1675 PALM BEACH LAKES	WEST PALM BEACH FL 33	

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-04/14/99-01005-005
***2736.25 ***526.25

dec

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

BY: OCWEN FEDERAL BANK, AS GENERAL PARTNER
SIGNATURE BY:
RONALD M. FARIS, EXECUTIVE VICE PRESIDENT

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)