A98000002870

DOCUMENT # A98000002870

1. Entity Name

HATTON HOUSE SENIOR HOUSING PARTNERS, LTD

FILED

02 APR 15 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 8097 N. 3rd AVE
Suite, Apt. #, etc.:
City & State: Sneads, FL
Zip: 32460
Country: JACKSON

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

DUE BY MAY 1

4. FEI Number: 59-3548587 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
City: Tallahassee FL Zip Code: 32301

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

9. Capital Contributions as Shown on record: $100.00

10. Amount of Capital Contributions in FLORIDA to date: $100.00

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

DOCUMENT #		STREET ADDRESS	100000529365 1--4
NAME	RHT HATTON HOUSE PARTNER, LTD	CITY-ST-ZIP	-04/18/02--01068--009
STREET ADDRESS	c/o RICHARD H. TOURTELOT		****150.00 ****150.00
CITY-ST-ZIP	196 TECHNOLOGY WAY SUITE D IRVINE, CALIFORNIA 92618		
DOCUMENT #	A99000001291	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003B (12/01)

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] 4-15-02 (321)431-6536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

V.P. TAX CREDIT SENIOR PROPERTIES, INC. General PARTNER