

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A99000001580**

1. Entity Name **NHP Affordable Housing Limited Partnership - Praxis of Deerfield Beach I**
NHP AFFORDABLE HOUSING PARTNERS CA10 LIMITED PAR

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 33401-2119

mf 3/29



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,980.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$1,980.00** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	OCWEN FEDERAL BANK FSB	STREET ADDRESS	
NAME	1675 PALM BEACH LAKES BLVD., SUITE 1002	CITY - ST - ZIP	600003195876--6
STREET ADDRESS	WEST PALM BEACH FL 33401		-04/04/00--01094--024
CITY - ST - ZIP			****141.25 ****141.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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: **L. Donato, SVP** 2/25/05 561-682-8800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)