

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000001580

1. Entity Name
NHP AFFORDABLE HOUSING PARTNERS CA10 LIMITED PAR

FILED

01 MAR -5 /AM 10:58

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip **Country**

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0952515
APPLIED FOR

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

Applied For
☐ **Not Applicable**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. (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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 Erbey* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date 2/1/01 **Daytime Phone #** 561-682-8000

CR2E003 (11/00)