

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000001584
1. Entity Name
 NHP AFFORDABLE HOUSING LIMITED PARTNERSHIP-PRAXIS OF DEERFIELD BEACH I

FILED

01 MAR -5 AM 10:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business **Mailing Address**
 1675 PALM BEACH LAKES BLVD., SUITE 1002 1675 PALM BEACH LAKES BLVD., SUITE 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

4. FEI Number 65-0952512 Applied For
 Not Applicable

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

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 _____ (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.** \$1980.00 **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

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY - ST - ZIP
	300003819543--1 03/08/01 01110-012 ****141.25 ****141.25

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* **By:** *OCWEN FEDERAL BANK FSB, its general partner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date: 2/20/01 Daytime Phone #: 800-1682-2000

CR2E003 (11/00)