

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

**DOCUMENT # B05000000399**

1. Entity Name  
**AMERICA FIRST TAX EXEMPT INVESTORS, L.P.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN -5 PM 2:24

Principal Place of Business  
**1004 FARNAM STREET STE 400  
OMAHA, NE 68102**

Mailing Address  
**1004 FARNAM STREET STE 400  
OMAHA, NE 68102**



05092008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**47-0810385**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

**100128886071**

**05/03/08--01005--002 \*\*500.00**

**FILE NOW!!! FEE IS \$500.00  
Due by September 12, 2008**

93(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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 # **B08000000100**  
NAME **AMERICA FIRST CAPITAL ASSOCIATES LIMITED P**  
STREET ADDRESS **1004 FARNAM STREET STE 400**  
CITY-ST-ZIP **OMAHA, NE 68102**

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**5/9/08**

**402-444-1630**