PLEASE READ A	LL INSTRUCTIONS BEFOR	RE COMPLETING THIS FORM.				
PARTNERSHIP REINSTATEMENT  PARTNERSHIP REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		04 MAR 75 AM 10: (	04 MAR 75 AM 10: 05			
DOCUMENT # B92000000	TALLAHASSEE, FLORIC	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
1. Name of Limited Partnership Oakhaven Apartments, Limited	1000311732 03/25/0401025010	100031173211 03/25/0401025010 **5907.50				
2. Principal Office Address 9090 Wilshire Blvd.	3. Mailing Office Address 4582 S. Ulster St. Pkwy.	4. Date Formed or Registered To Do Business in Florida 12/16/92				
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 1100	<b>5.</b> FEI Number 64-0815554				
City & State Beverly Hills, CA	City & State Denver, CO	for a Certi				
Zip Country 90211 USA	Zip Country 80237 USA	7a. Capital Contributions as shown on Record 14	1342-			
8. Name and Address of Current Registered Agent			<b>7b.</b> Amount of Capital Contributions in FLORIDA to date: 3,259,542			
Corporation Service Compassive Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc.  City Tallahassee	in 7b, with a minimum filing fee of \$52.50 and a maximing for each year due this office.  2.) Supplemental Fee(s): \$88.75 for each year due this office with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for each year report for Note; If the amount entered in 7b is greater than amount	1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year (sport form is delinquent. Note: If the amount entered in 7a, a supplemental affidavit must be submitted along with a separate.				
Pursuant to the provisions of sections 620.1051 and 620.1 for the purpose of changing its registered office or register agent. I am familiar with, and accept the obligations of sections of the section	ted agent, or both, in the State of Florida. Such change	nip organized or registered under the laws of the State of Florida, submits was authorized by its general partner(s). I hereby accept the appointment of the Vice President Late 1/28/2001	this statement nt of registered			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City State and Zin Code 10s 8	Registration ument Number			
National Corporate Tax Credit, Inc. 1-44-120	9090 Wilshire Blvd. #201	Beverly Hills, CA 90211 F940000	001201			
National Corporate Tax Credit, Inc., IV	9090 Wilshire Blvd. #201	Beverly Hills, CA 90211 F960000	1			
		01-04	105,00			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

1. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE	allager	Mu		DATE _	1/27/2004
Typed or Printed Name of General	Partner Signing Form Charles	s McKinney, Sr. V	ce President	Telephone Number	303-757-8101

(2E039 (10/02)