

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # B93000000333

1. Entity Name
**ASSOCIATED HOUSING DEVELOPMENT PARTNERS,
L.P., LTD.**



Principal Place of Business
**1013 CENTRE ROAD
WILMINGTON, DE 19805**

Mailing Address
**P.O. BOX 4961
ORLANDO, FL 32802-4961**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102005 Chg-LP CR2E003 (10/03)

4. FEI Number

51-0347187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**B&C CORPORATE SERVICES OF CENT. FLA., INC.
390 NORTH ORANGE AVE., SUITE 1100
ORLANDO, FL 32801**

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

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **F93000003725**
NAME **ASSOCIATED HOUSING DEVELOPMENT CORP.**
STREET ADDRESS **1013 CENTRE ROAD**
CITY-ST-ZIP **WILMINGTON, DE 19805**

STREET ADDRESS

CITY-ST-ZIP

000000274102
03/23/05-80056-010 141.25

DOCUMENT # **P92000001642**
NAME **FAMILY AFFORDABLE PARTNERS, INC.**
STREET ADDRESS **1551 SANDSPUR ROAD**
CITY-ST-ZIP **MAITLAND, FL 32751**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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)(f), 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.

BY: FAMILY AFFORDABLE PARTNERS, INC., general partner

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

TRICIA DOODY, VICE PRES.

Date

Daytime Phone #

3/9/05

407/741-8500

STAPLE CHECK HERE