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ST. LUCIE CLUB AFFORDABLE HOUSING PARTNERS, L.P.								. 01	red =9 A	W 0.31			
ST. EQUIE OLOB AFT ORDABLE HOSSING PARTNERS, E.F.								SEC TALL	RETARY OF AHASSEE, F	STATE LORID A			
Principal Place of Business Mailing Address									• •	•			
1551 SANDSPUR ROAD % BROAD AND CASSEL													
MAITLAND FL	32/31). Box 4961 Lando FL 32802-4961		**					<u> </u>		
							~						
2. Principal Place of Business				Mailing Address						(00 (05 48]		
Suite, Apt. #, etc.				uite, Apt. #, etc.	<u></u> :			DO NOT WRI	TE IN THIS SF	PACE			
City & State				ity & State		4	4. FEI Number 59-3197390 Applied For Not Applicable						
Zip	Country		Z	Zip Cou		try	5. Certificate of Status Desired \$8.		8.75 Additional				
	6. Name	and Address of Current	Regist	ered Agent			7	7. Name and /	Address of New F	legistered Ag	jent		
B&C CORPORATE SERVICES OF CENTRAL FLORIDA, INC. 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801						Name Street Addre	ress (P.O). Box Number	<u></u>				
						·		,					
									, , , , , , , , , , , , , , , , , , ,				
						City FL Zip Code							
8. The above	named entity	submits this statement for	or the pu	urpose of changing its	registere	ed office or reg	gistered :	agent, or both	, in the State of Fk	orida.			
									•				
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if	applicable. (NOTE	: Registered	d Agent signature re	equired whe	en reinstating)		DATE			
9. Capital Contributions as Shown on record. \$4,620,064.44 In FLORIDA to date in FLORIDA to date						outions 11. MAKE CHECK PAYABLE TO DEPT. OF STAT SEE REVERSE SIDE FOR FEE INFORMATION 11. MAKE CHECK PAYABLE TO DEPT. OF STAT							
do Chom.		ENERAL PARTNER	 Г НАТ I :			UST BE REC	GISTER	RED AND A			TEC DI OTHERS		
12.	NOTE:	General Partners MA			e form:	an amendr	ment m	nust be filed	to change a ge				
	······································								AUDRESS CH	ANGES UNLT			
NAME	CED CAPITAL HOLDINGS III, LTD.					ET ADDRESS						}	
	1551 SANE MAITLAND	SPUR ROAD FL 32751			CITY-	-ST-ZIP				,	/		
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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 c the receiver or trustee empowered to execute this eport as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE:

14. SIGNATURE AND TYPE FOR PRINTED AND THE FOR PRINTED AND TYPE FOR PRINTED A