2003 LIMITED PARTNERSHIP

UN	IFOR	M BUSINI	ESS	REPOR	T (L	JBR)					
DOCUMENT # B9300000353 1. Entity Name ST. LUCIE CLUB AFFORDABLE HOUSING PARTNERS, L.P. , LTD.							FILED 03 APR 14 PM 2: 24				
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND FL 32751			P.C	Mailing Address % BROAD AND CASSEL P.O. BOX 4961 ORLANDO FL 32802-4961			CECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business			3. 1	3. Mailing Address							
Suite, Apt. #, etc.			†	Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State			1	City & State		4. FEI Number 59-3197390 Applied For Not Applicable					
Zip	Zip Country			Zip Coun		ry	5. Certificate of Status Desired				
	6. Name	and Address of Current	Regist	ered Agent		7. Name and Address of New Registered Agent					
B&C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.						Name Street Address (P.O. Box Number is Not Acceptable)					
					Ļ						
390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801						City	₽ Zip Code				
						Ony			FL	[-"	Code
	tions of regist	y submits this statement for ered agent. or printed name of registered agent			registere	d office or regist	ered agent, or bott	n, in the State of Florida	DATE	amiliar	with, and accept
9. Capital Contributions as Shown on record. \$4,620,064.44 In FLORIDA to date in FLORIDA											
		GENERAL PARTNER General Partners Ma	AY NO	T be changed on th	e form;			to change a gene	ral par	ner.	
12.		GENERAL PARTNE	R INFO	RMATION	13.			ADDRESS CHANG	ES ONL	.Y	
DOCUMENT # NAME STREET ADDRESS	A93000000229 CED CAPITAL HOLDINGS III, LTD 1551 SANDSPUR ROAD			,		ET ADDRESS					
CITY-ST-ZIP	MAITLAND	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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE: **SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

Date

Daytime Phone #