## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT# B9300000356								
MISSION POINTE AFFORDABLE HOUSING PARTNERS, L.P.						FILED		
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ŕ	ce of Busines	<b>S</b>	Mailing Address	<del>-</del>		01 FEB -9 AM 8: 58		M 8: 58
1551 SANDSPUR ROAD MAITLAND FL 32751			% Broad and Cassel P.O. Box 4961			TALLAHASSEE STATE		
			ORLANDO FL 32802-4961		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal	Place of Busin	ness	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State			City & State		4. FEI Numbe	59-3197400	Applied For Not Applicable	
Zip	Zip Country		Zip	Coun	Country		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 FLORIDA, INC. 390 NORTH ORANGE AVENUE, SUITE 1100					Name Street Address (P.O. Box Number is Not Acceptable)			
					City	FL Zip Code		
8. The above	e named entity	y submits this statement fo	or the purpose of chan	ging its registere	ed office or registe	red agent, or both	n, in the State of Florida.	
SIGNATURE								
		or printed name of registered agent			Agent signature require	d when reinstating)	DATE	
9. Capital Co as Shown	ontributions on record.	\$5,603,852.95		of Capital Contrib DA to date.	outions		11. MAKE CHECK PAYAB SEE REVERSE SIDE	FOR FEE INFORMATION
	A ( NOTE:	GENERAL PARTNER 1 General Partners MA	THAT IS A BUSINE	SS ENTITY MI	UST BE REGIS	TERED AND A	CTIVE WITH THIS OFFI I to change a general p	CE.
12.	1	GENERAL PARTNE		13.			ADDRESS CHANGES C	
DOCUMENT # NAMÉ	A9300000	)229 Fal Holdings III,LTD.		STREE	ET ADDRESS			
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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								
JIGHT		SIGNATURE AND TYPED OR		GENERAL PARTYEE			Date	Daytime Phone #