2005 LIMITED PARTNERSHIP ANNUAL REPORT FILED

Due By May 1, 2005 Mar 14, 2005 08:00 AM

| DOCUMENT # B9300000356 1. Entity Name MISSION POINTE AFFORDABLE HOUSING PARTNERS, L.P., LTD. | | | | | Secretary of State |
|---|---|------------------------------|-------------|---------------------|---|
| Principal Place of Business Mailing Address 1551 SANDSPUR ROAD % BROAD ANI MAITLAND, FL 32751 P.O. BOX 496 ORLANDO, FL | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01072005 Chg-LP CR2E003 (10/03) |
| City & State | | City & State | | | 4. FEI Number Applied For 59-3197400 Not Applicable |
| Zip | Country | Zip | Cour | ntry | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required |
| | 6. Name and Address of Current | Registered Agent | | Name | 7. Name and Address of New Registered Agent |
| B&C CORPORATE SERVICES OF FLORIDA, INC. | | | | Name | |
| 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801 | | | | Street Address (| (P.O. Box Number is Not Acceptable) |
| | | | | City | 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 fide it applicable | | | | | |
| 9. Capital Contributions as Shown on record. \$5,603,852.95 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 PARTNE | | 13. | | ADDRESS CHANGES ONLY |
| DOCUMENT # NAME | A93000000229 CED CAPITAL HOLDINGS III,LT | D. | STRE | EET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | 1551 SANDSPUR ROAD MAITLAND, FL 32751 | | CITY | -ST-ZIP | |
| DOCUMENT # NAME | | | STRI | EE T ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | -ST-ZIP | |
| DOCUMENT # NAME | | | STRE | EET ADDRESS | 100000262705 03/14/05-80066-017 526.25 |
| STREET ADDRESS CITY-ST-ZIP | | ·- | CITY | '-ST-ZIP | |
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| STREET ADDRESS CITY-ST-ZIP | | - | CITY | '-\$T-ZIP | |
| DOCUMENT # NAME | | | STRE | EET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | • | CITY | -SI-ZIP | ······································ |
| 14. I hereby | certify that the information supplied with | this filing does not qualify | for the exe | mption stated in Se | ection 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MICHTEL U. SCHERINO, PRES.

STAPLE CHECK HERE