2003 LIMITED PARTNERSHIP

UN	IFOR	M BUSINI	ES:	S REPOR	T ((UBR)			•			·
DOCUMENT # B9300000356 1. Entity Name MISSION POINTE AFFORDABLE HOUSING PARTNERS, L.P. , LTD.										PM 2: 24		
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND FL 32751				ailing Address BROAD AND CASSEL D. BOX 4961 BLANDO FL 32802-4961			CORETARY OF STATE FALLAHASSEE, FLORIDA					
2. Principal Place of Business				3. Mailing Address					BONI (BIN) 32M DOM	10174 S		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY MAY 1, 2003				
City & State			† (City & State		4. FEI Number 59-3197400		0		plied For t Applicable		
Zip	Country			Zip	ntry	5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Regis	tered Agent				7. Name and A	ddress of New	Registered Age	nt	
B&C CORPORATE SERVICES OF FLORIDA, INC.						Name						
						Street Addr	ess (F	(P.O. Box Number is Not Acceptable)				
390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801						Office Addition (1.0. Dox Harmon in Not Acceptable)						
UKLANDU	7 FL 32001					}			÷			
						City FL Zip Code)
9 The above	named entity	y submits this statement for	or the n	urnose of changing its	register	ed office or rea	nietora	ed agent, or both	in the State of	i,	iliar with a	and accept
	ions of regist		or trie p	arpose or energing its	ogision	od omoc or re	giotoit	od agent, or bour,	in the state of	riorida, rairriairi	Med 44.01, 0	and accopt
SIGNATURE .			_									
	Signature, typed	or printed name of registered agen	t and title i	, 						DATE		
 Capital Contributions as Shown on record. \$5,603,852.95 in FLORIDA to da 										ECK PAYABLE TO RSE SIDE FOR FI		
		GENERAL PARTNER									}r.	
12. GENERAL PARTNER INFORMATION									ADDRESS C	HANGES ONLY		
DOCUMENT # NAME	A9300000229 CED CAPITAL HOLDINGS III,LTD. 1551 SANDSPUR ROAD MAITLAND FL 32751				STRE	EET ADDRESS						
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THE PROPERTY	r				E							ì

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 eath; 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #