2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL

DOCUMENT # B93000000357 FILED MELBOURNE HAMPTON GREENS AFFORDABLE APR 14 PM 3: 17 HOUSING PARTNERS, L.P., LTD. SERVICE OF STATES Principal Place of Business Mailing Address TALLAHMSSEE FLORIDA 1551 SANDSPUR ROAD % BROAD AND CASSEL MAITLAND, FL 32751 P.O. BOX 4961 ORLANDO, FL 32802-4961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 Applied For City & State City & State 4. 4. FEl Number 59-3197393 Not Applicable Zlp Country ZIp Country \$8.75 Additional 5. 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. 7. Name and Address of New Registered Agent Name **B&C CORPORATE SERVICES OF CENTRAL FLORIDA,** INC. Street Address (P.O.*.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered and agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Syramore, typed or printed name of registered agrent and title if applicable. DATE MAKE CHECK PAYABLE TO FL DEPT OF STATE 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record. \$4,922,333.14 in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment mt must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. A93000000229 DOCUMENT # STREET ADDRESS CED CAPITAL HOLDINGS III, LTD. NAME STREET ADDRESS 1551 SANDSPUR ROAD CITY - ST - ZIP MAITLAND, FL 32751 CITY - ST - 2/P DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY -ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CUTY - ST- 7IP 800016217568 CITY-ST-7IP 717763~-01663 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP City-St-ZIP DOCUME! STREET ADDRESS NAME STREET AL PESS CITY -ST-ZIP CITY-ST DOCUMENT? STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Sectiontion 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 madeade 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 anaging general partner

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