

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT -6 PM 1:42

RECEIVED  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
B96000000499

U.S. NATIONAL HOUSING LIMITED PARTNERSHIP

99-AR  
CM



Mailing Address

937 HARVARD AVENUE EAST  
SEATTLE WA 98102

Principal Office Address

880 H STREET, STE. 102  
ANCHORAGE AK 99501

3. Date Formed or Registered

12/26/1996

3a. Date of Last Report

07/02/1998

4. State or Country of Formation

AK

5a. Capital Contributions as  
Shown on record.

\$99.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

1006 7th Infantry Division Loop

Fort Wainwright, Alaska

99703

USA.

6. FEI Number

91-1814088

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

146.25

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 PINE ISLAND RD  
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

U.S. NATIONAL MANAGEMENT COR

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

880 H STREET, STE. 10

11b. City, State & Zip Code

ANCHORAGE AK 99501

11c. Registration/  
Document Number

F96000006787

800002659768-4  
-10/08/98-01102-004  
\*\*\*\*141.25 \*\*\*\*141.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 600, Florida Statutes.

SIGNATURE

DATE 10/1/98

Typed or Printed Name of General Partner Signing Form

Richard W. Fischer

Daytime Telephone Number 206-828-2000

CR2E003 (8/98)