## LIMITED PARTNERSHIP



00 DEC 15 AM 9: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## REINSTATEMENT

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1. Name of Limited Partnership

Lake Powell I Limited Partnership

Principal Office Address     SunAmerica Center	<b>3.</b> Mailing Office Affordable H	e Address c/o SunAmerica busing Partners, Inc.	4. Dat	4. Date Formed or Registered To Do Business in Florida 10/7/98				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc. 1 SunAmerica Center		Number			Applied For	
Century City	Century Ci	Century City		721428464			Not Applicable	
City & State	. City & State	. City & State		6. CERTIFICATE OF STATUS DESIRED		\$8.75 Additional Fee required		
Los-Angeles, CA	Los Angeles	Los Angeles, CA		***			for a Certificate of Status	
Zip Country	Zip	Zip Country		7a. Capital Contributions as shown on Record:				

8. Name and Address of Current Registered Agent

90067-6022

Name

10.

CT Corporation System

USA . . . .

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

1200 South Pine Island Rd

Suite, Apt. #, Etc.

90067-6022

Plantation

State FL

Zip Code 33324

--,533.33

7b. Amount of Capital Contributions in FLORIDA to date:

## FEES:

- Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
- Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
- 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
- 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. CONNIE BRYAN

SIGNATURE (Registered Agent Accepting Appointment) \_

Name(s) of General Partner(s)

SPECIAL ASSISTANT SECRETAR BATE

Registration Document Number

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

DIL/SAHP Corp. - 500.00

c/o SunAmerica Affordable Housing Partners, Inc. 1 SunAmerica Center Century City

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

Los Angeles, CA 90067-6022

City, State and Zip Code

lF00000005394

7000035|10077--8 -12/21/d0--01036--018

\*\*\*\*£50.00 \*\*\*\*650.00

10a.

**USTATEMENT** 

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

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)(i). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 620/Florida Statutes. trustee empowered to execute this

SIGNATURE

DIL/SAHP Corp. by Howard Heitner. Typed or Printed Name of General Partner Signing Form Authorized Agent

CR2E039 (11/99)

ing.