

2nd and 3rd
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

119800000452
FILING FEE \$589.75
Annual Report \$100.00 + \$85.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

FILED
99 DEC 30 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M98000000452
NORTH AMERICAN HOUSING PARTNERS, L.L.C.
11936 WEST 119TH STREET, #358 PMB 358
OVERLAND PARK KS 66213

1a. Principal Place of Business Address
PMB 358
11936 WEST 119TH STREET, #358
OVERLAND PARK KS 66213

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

3. Date Organized or Qualified
05/07/1998
3a. State of Formation
KS
4. FEI Number
48-1199036
5. Date of Last Report
FIRST YEAR
6. Certificate of Status Desired
\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent
WELCH, DELORIS D
9250 SW 32ND AVENUE RD.
OCALA FL 34476

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WELCH, DELORIS D	9250 SW 32ND AVE. RD.	OCALA FL
MGRM	KENNEDY, CHARLES W	5010 West Hill Drive	Topeka, KS

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-01/13/00--01009--007
****188.75 ****188.75
200003097012--1
-01/13/00--01009--008
*****8.75 *****8.75

11. I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Charles W Kennedy Treas/Mgr 9-1-99 785-221-6035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #



North American Housing Partners, L.L.C.

P.O. Box 4714

Topeka, Kansas 66604-0714

Wednesday, September 01, 1999

Registration Section
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

On April 6, 1999 I wrote two checks to the Florida Department of State. One was for the filing fee of \$188.75 and the other was for a certificate of status for \$8.75. These were mailed with the annual report and a cover letter on April 7, 1999. The checks have never cleared our bank account and are presumed lost. I am sending to you replacement checks for the filing fee and the certificate of status along with a copy of the April 7 cover letter and our check register. I ask you to please waive the late fee because the original report was lost in the mail. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Charles W. Kennedy', written in dark ink.

Charles W. Kennedy
Treasurer/Manager

CWK:hos

FILED
99 DEC 30 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA