

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90012 047 ***300.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P20027

1. Corporation Name
ADVANTAGED HOUSING ASSOCIATES INC.

Principal Place of Business
**3 WORLD FINANCIAL CENTER
29TH FLOOR
NEW YORK NY 10285
US**

Mailing Address
**FIRT DATA INVESTOR SVICES GROUP
P.O. BOX 1527
BOSTON MA 02104
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/12/1988

4. FEI Number
11-2746757

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **O'DELL, DOREEN**
STREET ADDRESS **3 WORLD FINANCIAL CENTER-29TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10013 10285**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **ROCCO F. ANDRIOLA**
1.3 STREET ADDRESS **3 WORLD FINANCIAL CENTER**
1.4 CITY-ST-ZIP **NEW YORK, NY 10285**

TITLE **V** ☒ DELETE
NAME **BERKOWITZ, JOAN**
STREET ADDRESS **3 WORLD FINANCIAL CENTER-29TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10285**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **MARRE, JENNIFER**
STREET ADDRESS **3 WORLD FINANCIAL CENTER-29TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10285**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **SILVERMAN, MARC A.**
STREET ADDRESS **3 WORLD FINANCIAL CENTER-29TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10285**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **AT** ☒ DELETE
NAME **DUFFY, MALACHY**
STREET ADDRESS **53 STATE STREET, BOX 838, LPA**
CITY-ST-ZIP **BOSTON MA 02109**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **AT KATHRYN M. BOPP FLYNN**
5.3 STREET ADDRESS **101 HUDSON STREET**
5.4 CITY-ST-ZIP **JERSEY CITY, NJ 07302**

TITLE **AT** ☒ DELETE
NAME **GRIESINGER, CYNTHIA**
STREET ADDRESS **53 STATE STREET, BOX 868**
CITY-ST-ZIP **BOSTON MA 02109**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **AG EILEEN M. BANNON**
6.3 STREET ADDRESS **3 WORLD FINANCIAL CENTER**
6.4 CITY-ST-ZIP **NEW YORK, NY 10285**

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eileen M. Bannon
EILEEN M. BANNON
ASSISTANT SECRETARY

04/20/99 (212) 526-2327

Date

Daytime Phone #

CR2E034 (1/98)

LEHMAN BROTHERS

P20027

55-0779-90012-93

April 21, 1999

State of Florida
Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

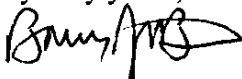
<u>CORPORATION NAME</u>	<u>DOCUMENT#</u>	<u>TOTAL FEE DUE</u>
<i>Advantaged Housing Associates Inc.</i>	<i>P20027</i>	<i>\$150.00</i>
<i>GP Real Estate Services II Inc.</i>	<i>P03143</i>	<i>\$150.00</i>

Dear Sir/Madam:

Return: Profit Corporation Annual Reports
Period: 1999
Total Fee Due: \$300.00
Check Enclosed: Yes (X) No ()

Kindly acknowledge receipt by stamping and returning to the undersigned the enclosed copy of this letter.

Very truly yours,



Barry J. O'Brien
Assistant Controller

BJO/rd
Enclosures