

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.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3 WORLD FINANCIAL CENTER
 29TH FLOOR
 NEW YORK NY 10285
 US

Mailing Address

FIRT DATA INVESTOR SRVICES GROUP
 P.O. BOX 1527
 BOSTON MA 02104
 US

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

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

101 HUDSON STREET

39TH FLOOR

JERSEY CITY, NJ

07302

US

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	O'DELL, DOREEN	
STREET ADDRESS	3 WORLD FINANCIAL CENTER-29TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10013 10285	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BERKOWITZ, JOAN	
STREET ADDRESS	3 WORLD FINANCIAL CENTER-29TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARRE, JENNIFER	
STREET ADDRESS	3 WORLD FINANCIAL CENTER-29TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SILVERMAN, MARC A.	
STREET ADDRESS	3 WORLD FINANCIAL CENTER-29TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	DUFFY, MALACHY	
STREET ADDRESS	53 STATE STREET, BOX 838, LPA	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	GRIESINGER, CYNTHIA	
STREET ADDRESS	53 STATE STREET, BOX 868	
CITY-ST-ZIP	BOSTON MA 02109	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROCCO F. ANDRIOLA	
1.3 STREET ADDRESS	3 WORLD FINANCIAL CENTER	
1.4 CITY-ST-ZIP	NEW YORK, NY 10285	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KATHRYN M. BOPP FLYNN	
5.3 STREET ADDRESS	101 HUDSON STREET	
5.4 CITY-ST-ZIP	JERSEY CITY, NJ 07302	
6.1 TITLE	AG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	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

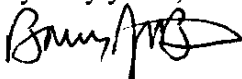
<u>CORPORATION NAME</u>	<u>DOCUMENT#</u>	<u>TOTAL FEE DUE</u>
<i>Advantaged Housing Associates Inc.</i>	<i>P20027</i>	<i>\$150.00</i>
<i>GP Real Estate Services II Inc.</i>	<i>P03143</i>	<i>\$150.00</i>

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