2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000023108

Entity Name: THP3 CORPORATION

FILED Mar 02, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ONE OAKWOOD BOULEVARD 6535 NOVA DRIVE, SUITE 106

SUITE 195 SUITE 195 HOLLYWOOD, FL 33020 DAVIE, FL 33317

Current Mailing Address: New Mailing Address:

ONE OAKWOOD BOULEVARD 6535 NOVA DRIVE, SUITE 106

SUITE 195 HOLLYWOOD, FL 33020 SUITE 195 DAVIE, FL 33020

FEI Number: 65-0908584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REICH, DAVID M

%TRIAD HOUSING PARTNERS

%TRIAD HOUSING PARTNERS

%TRIAD HOUSING PARTNERS

%TRIAD HOUSING PARTNERS

ONE OAKWOOD BOULEVARD, SUITE 195
HOLLYWOOD, FL 33020 US
6535 NOVA DRIVE, SUITE 106
DAVIE, FL 33317 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 03/02/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: PFEFFER, OLIVER B Name: PFEFFER, OLIVER B
Address: ONE OAKWOOD BOULEVARD, SUITE 195 Address: 6535 NOVA DRIVE, SUITE 106

City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: DAVIE, FL 33317

Name: SCHULTZ, DAVID A Name: SCHULTZ, DAVID A

Address: ONE OAKWOOD BOULEVARD, SUITE 195 Address: 6535 NOVA DRIVE, SUITE 106

City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: DAVIE, FL 33317

Title: ST () Delete Title: ST (X) Change () Addition

Name: REICH, DAVID M Name: REICH, DAVID M

Address: ONE OAKWOOD BOULEVARD, SUITE 195 Address: 6535 NOVA DRIVE, SUITE 106

City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: DAVIE, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SCHULTZ VP 03/02/2004