## EXHIBIT B - 2 MANAGING GENERAL PARTNER CHANGE OR TRANSFER OF GENERAL PARTNER INTERESTS

If you plan to identify a new managing General Partner of the Ownership Entity, provide THDA with information concerning the new managing General Partner approximately 30 days prior to the transfer. Attach a copy of the amended and restated partnership agreement to this completed form. If you plan to transfer General Partner interests, provide THDA with information on the new General Partner approximately 30 days prior to the transfer. Attach the new organizational chart, a copy of the amended and restated partnership agreement and any other documents related to the transaction with this completed form to:

Multifamily Programs Division
Tennessee Housing Development Agency
502 Deaderick Street, Third Floor
Nashville, Tennessee 37243-0900

Building Identification Number(s): TN												
Develo	oment Name:											
Street Address:												
City:	Address.					Zip Code:						
Oity:						L.p Couc.						
Low-Income Housing Credit Ownership Entity												
Ownership Entity:												
	er ID No.:											
Addres												
	5.	State:						Zip Code:				
City:					State.		ΖIP	Code.				
Type of Ownership Entity (check which applies):			Seneral Lim		ited	Limited Liability			ed Liability ed Partnership			
Ownership Contact:							·					
Email:												
Telephone No.:												
For Change of Managing General Partner												
Date of Transaction:												
New Managing General Partner:												
Тахрау	er ID No.:											
Email:												
Telephone No :												

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**Development Information** 

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For Change or Transfer of Ger	neral Partner	Interests				 	_
Date of Transaction:						 	
New General Partner:						 	
Taxpayer ID No.:						 	
Ownership Contact:							
Email:							
Telephone No.:							
	<b>-</b>	(T.101110)	10110) 4 41				
Request to obtain THDA On-lin	ne Reporting	(THOMAS/I	ICMS) Auth	orization		 	
Date of Request:						 	
Individual Requesting Access:						 	
Email:						 	
Will the Management Compan  Complete when change in Man					YES:	NO:	
Date of Transaction:						 	
Management Company:						 	
Taxpayer ID No.:						 	
Management Contact:						 	
Email:						 	
Telephone No.:						 	
Authorized Signatures:							
Date of Transaction:							
Exiting Ownership Contact:							
Entering Ownership Contact:							