

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2001 08:00 AM
Secretary of State

DOCUMENT # A12468

1. Entity Name
 SHADETREE APARTMENTS, LTD.

| | |
|---|---|
| Principal Place of Business 450 S. ORANGE AVENUE ORLANDO FL 32801 | Mailing Address 450 S. ORANGE AVENUE ORLANDO FL 32801 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address POST OFFICE BOX 4920 Suite, Apt. #, etc. City & State |
|---|---|

4. FEI Number **59-2207561** Applied For Not Applicable

| | | | |
|-------|---------|-------|---------|
| Zip | Country | Zip | Country |
| 32802 | | 32802 | |

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SENEFF JAMES MJR
 450 S. ORANGE AVENUE
 ORLANDO FL 32801 US

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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 _____ DATE **02/05/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **1,738,685.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,738,685.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | |
|---------------------------------|--------------------------|
| DOCUMENT # | |
| NAME | SE APARTMENT CORPORATION |
| STREET ADDRESS | 450 S. ORANGE AVENUE |
| CITY-ST-ZIP | ORLANDO FL 32801 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: ROBERT A. BOURNE, PRESIDENT OF GP P 02/05/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)