200 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam	MENT*#	A17954	٤	· · ·	•	*		,:		
GREEN GATE APARTMENTS, LTD.							FILED			
Principal Place of Business 801 UNO LAGO DRIVE JUNO BEACH FL 33408		' 8 '	Mailing Address 801 UNO LAGO DRIVE JUNO BEACH FL 33408 Utten: L CULRIC			O1 AUG 14 PM 12: 37 SECRETARY OF STATE TALL AHASSEE FLORIDA				
	Place of Busines	3.	Mailing Address				1884 11011 18010 LOIAS 011	14 0)04 04041 0 1014	BIEN 61311 BIEN 61311 1881	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DUE BY SEPTI	EMBER 26,	2001	
City & State			City & State			4. FEI Numbe	4. FEI Number 65-0319573 Applied For Not Applicable			
Zip		Country Zip (Coun	itry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name an	d Address of Current Regis	tered Agent	-	7. Name and Address of New Registered Agent Name					
LEXIS DOCUMENT SERVICES INC.										
3953 WW KELLEY ROAD TALLAHASSEE FL 32311					Street Address (P.O. Box Number is Not Acceptable)					
	00LL L 323				Cibe					
A Th. 1					City		,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FL	Zip Code	
8. The above	named entity su	ubmits this statement for the p	ourpose of changing its	registere	ed office or regist	ered agent, or both	n, in the State of Flor	rida.		
SIGNATURE .	Signature, typed or pr	inted name of registered agent and title	f applicable. (NOTE	: Registere	d Agent signature requir	ed when reinstating)	 	DATE		
9. Capital Co		\$1,208,634.00	10. Amount of Capita	d Contrib				K PAYABLE TO	D DEPT. OF STATE	
40 0/1011/1	A GEN	ERAL PARTNER THAT	IS A BUSINESS EN	TITY M	UST BE REGIS	STERED AND A	CTIVE WITH THI	S OFFICE.	EE INFORMATION	
12.	NOTE: G	eneral Partners MAY NO GENERAL PARTNER INFO		e form	; an amendme	ent must be filed	d to change a ge ADDRESS CHA		er.	
DOCUMENT /		B93000000305 ERP OPERATING LIMITED PARTNERSHIP TWO N. RIVERSIDE PLAZA, SUITE 400			ET ADDRESS	T	7,22,1200 0,110			
NAME STREET ADDRESS CITY-ST-ZIP	TWO N. RIVE				-ST-ZIP					
DOCUMENT #	F0000000372 ERP-QRS GR	EENGATE, INC.	 .	STRE	ET ADDRESS		-			
STREET ADDRESS CITY-ST-ZIP	TWO N. RIVE CHICAGO IL	RSIDE PLAZA, SUITE 400			-ST-ZIP					
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	URE:	ormation supplied with this fil true and accurate and that m powered to execute this repoi		er 620, F	Pegar effect as in a statutes	ection 119.07(3)(i), made under cath; i	Florida Statutes. I f that I am a General	Partner of the 7/16/0 box	limited partnership or	

ACCOUNTIFIENCS OVER SHEET

ACCOUNT NUMBER: FCA 00000005	
REFERENCE: 20 29206-2	
(Sub Account) DATE: 8-14	
REQUESTOR HAME: Lexis Document Services	
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ADDRESS:	
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CONTACT HARE:	A THE CHARLES
CORPORATION NAME: A17954	RECEIV AUG 14 A OH OF CORP
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DOCUMENT NUMBER:	20 10N
(if applicable)	
Continue III organis	
AUTHORIZATION: SAMUELO J. WOOLGANA	
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