2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A26422

1. Entity Name

SALERNO VILLAGE, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 11: 02

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5833 S.E. 47TH AVE. STUART FL 34997	5833 S.E. 47TH AVE. STUART FL 34997

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0063227 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OAKOWSKY; EDWARD 5833 SE 47TH AVE. STUART FL 34997	Name Charlene Oakowsky Street Address (P.O. Box Number is Not Acceptable) 5833 SE 47th Ave City Stuart FL Zip Code 34997

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 Charlene J Oakowsky — DATE 7/11/00

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.	$488,000.00	10. Amount of Capital Contributions in FLORIDA to date.	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	P09003 RURAL HOUSING SERVICES 1025 VERMONT AVE., N.W. WASHINGTON DC	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	OAKOWSKY, CHARLENE ~~116 S.E. VILLAS STREET~~ ~~STUART FL 34994~~	STREET ADDRESS CITY-ST-ZIP	5833 SE 47th Ave Stuart, FL 34997
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

200003436892--6
-10/24/00--01070--002
****535.00 ****535.00

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

Charlene Oakowsky

SIGNATURE: (SIGNATURE REQUIRED) Charlene Oakowsky — 7/11/00 — 561-286-4690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #