

REINSTATEMENT

A93000001369

1994-2001

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 FEB -7 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A93000001369		1. Entity Name W.L. Apartments, Ltd.		4/15/94	
Principal Place of Business c/o W.L. Apartments, Inc. 570 Taxter Road, #420 Elmsford, NY 10523		Mailing Address c/o W.L. Apartments, Inc. 570 Taxter Road, #420 Elmsford, NY 10523			
2. Principal Place of Business c/o The Richman Group Suite, Apt. #, etc. 599 W. Putnam Ave. City & State Greenwich, CT Zip 06830 Country USA		3. Mailing Address c/o The Richman Group Suite, Apt. #, etc. 599 W. Putnam Ave. City & State Greenwich, CT Zip 06830 Country USA		4. FEI Number 22-3322253 Applied For Not Applicable	
6. Name and Address of Current Registered Agent Wolfe, Leon J., Esq. c/o Valdes Fauli, Cobb, et al. Two South Biscayne Blvd., Suite 3400 Miami, Florida 33131		7. Name and Address of New Registered Agent Name Registered Agents of Florida, LLC Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street, Suite 3500 City Miami, FL Zip Code 33131			
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 Leon J. Wolfe, V.P.		DATE 1/31/01			
9. Capital Contributions as Shown on record \$802,000		10. Amount of Capital Contributions in FLORIDA to date. \$1,060,000		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	P93000081012 W.L. Apartments, Inc. 570 Taxter Road, Suite 420 Elmsford, NY 10523		STREET ADDRESS CITY-ST-ZIP	c/o The Richman Group 599 W. Putnam Ave. Greenwich, CT 06830	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	300003743249--U -02/20/01--01048--027 ***8210.00 ***8210.00	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	2/7/01 300003743249--U -02/20/01--01048--028 *****8.75 *****8.75	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Adm - 4,000.00 AR - 3,500.00 AR sup. - 710.00 8.75		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	8,218.75		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: David Salzman		2/1/01		203-869-0900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

CR2E003 (1/00)

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