2000, UNIFORM BUSINESS REPORT (UBR) A94000000067 **CUMENT #** 1. Entity Name FILED HARBOR APARTMENTS, LTD. 00 MAR -1 PM 5: 00 Principal Place of Business Mailing Address SECRETARY OF STATE % CONTINENTAL PROPERTY SERVICES, INC. % CONTINENTAL PROPERTY SERVICES, INC. 44 SEABREEZE BLVD.. SUITE 600 44 SEABREEZE BLVD., SUITE 600 DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 3. Mailing Address 2. Principal Place of Business 100 DNO AVE SOUTH Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE Applied For City & State City & State 4. FEI Number 59-3220357 ST PETELSBURG F Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired <u>3:370</u> Fee Required: 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONTINENTAL PROPERTY SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 230 NORTH BEACH STREET, SUITE 301 DAYTONA BEACH FL 32114 City Zio Code FI 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 Signature, typed or print (NOTE. Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions in FLORIDA to date. 1,405,000 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. GENERAL PARTNER INFORMATION 12. 13. P93000036337 DOCUMENT# 03/08/00--01017--003 STREET ADDRESS WRH PROPERTIES, INC. NAME \*\*\*\*526 25 \*\*\*\*526 25 100 SECOND AVE., SOUTH, SUITE 800 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33701 CITY-ST-7IP DOCUMENT # 581075 STREET ADORESS POLYEDER, INC. % 1025 S. BEACH STREET STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIF DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT **∦** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 the receiver or trustee empowere SIGNATURE:

WRH PROPERTIES