

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000975**

1. Entity Name
SER GARDENWOOD, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 PM 6:16



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% AFFIRMATIVE MANAGEMENT, INC. % AFFIRMATIVE MANAGEMENT, INC.
5850 T.G. LEE BLVD., SUITE 345 5850 T.G. LEE BLVD., SUITE 345
ORLANDO FL 32822 ORLANDO FL 32822-4412

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 **59-3392246** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
JUBELT, PAUL C
5850 T.G. LEE BLVD., SUITE 345
ORLANDO FL 32822

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 *Paul C. Jubelt* *Paul C. Jubelt* *3/28/00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating) DATE

9. Capital Contributions as Shown on record. **\$200.00** 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

DOCUMENT #	F96000002485
NAME	SOUTHEAST RESIDENTIAL CORP.
STREET ADDRESS	120 WOOSTER STREET
CITY - ST - ZIP	NEW YORK NY 10012
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	<i>BK 4/25</i>
CITY - ST - ZIP	
STREET ADDRESS	680003229106--8
CITY - ST - ZIP	-04/23/00--01081--016 ****141.25 ****141.25
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: *Paul C. Jubelt* *3/30/00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)