

2001 UNIFORM BUSINESS REPORT (UBR)

0002696 AF

DOCUMENT # A96000000975
1. Entity Name
 SER GARDENWOOD, LTD.

FILED
 01 MAY -1 PM 5:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

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

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* *11/12/01*
Signature, typed or printed name of registered agent and title if applicable. (Not Registered Agent signature required when reinstating) 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	000004274490--4
CITY-ST-ZIP	-05/21/01--01161--009 ****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
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* **SIGNATURE REQUIRED** *9/25/01* *28-925-9600*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)