

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000976**

1. Entity Name

SER LOST TREE VILLAGE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 PM 6:19



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

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country
Zip Country

4. FEI Number **59-3392247**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JUBELT, PAUL C
% AFFIRMATIVE MANAGEMENT, INC.
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 of 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 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 | <i>B7c 4/28</i> |
| CITY - ST - ZIP | |
| STREET ADDRESS | 700003235377--6 |
| CITY - ST - ZIP | -05/02/00--01063--019 ***141.25 ***141.25 |
| 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: SIGNATURE REQUIRED 3/30/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/99)