


# 2002 UNIFORM BUSINESS REPORT (UBR)

0001796 AV

**DOCUMENT # A96000001420**

1. Entity Name  
**STARCREST VILLAGE APARTMENT LIMITED PARTNERSHIP**

**FILED**  
2002 FEB 25 PM 3:46  
DIVISION OF CORPORATIONS  
TALLAHASSEE



Principal Place of Business      Mailing Address

777 ARTHUR GODFREY ROAD, FOURTH FLOOR      777 ARTHUR GODFREY ROAD, FOURTH FLOOR  
MIAMI BEACH FL 33140      MIAMI BEACH FL 33140

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2002**

4. FEI Number **65-0683492**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GROSS, PHILIP**  
777 ARTHUR GODFREY ROAD, FOURTH FLOOR  
MIAMI BEACH FL 33140

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.      **\$738,000.00**      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.**

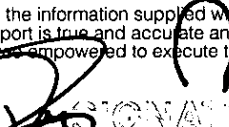
**12. GENERAL PARTNER INFORMATION**

DOCUMENT #	<b>P97000063564</b>
NAME	<b>CLEARWATER APARTMENTS, INC.</b>
STREET ADDRESS	<b>777 ARTHUR GODFREY ROAD, FOURTH FLOOR</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>
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	
CITY-ST-ZIP	<b>700005033267-8</b>
	<b>-03/04/02-01007-009</b>
	<b>***526.25 ***526.25</b>
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:**  **Robert B. Balogh, President of G.P. 2/19/02 (305)532-4355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CF2E003 (9/01)