

2000 UNIFORM BUSINESS REPORT (UBR)

0002243 AT

DOCUMENT # A98000002486
 1. Entity Name
WATERFORD POINTE APARTMENTS, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAR 10 AM 8:58



Principal Place of Business
**3300 SOUTH HIAWASSEE ROAD, SUITE 107
 ORLANDO FL 32835**

Mailing Address
**P.O. BOX 4961
 ORLANDO FL 32802-4961**

2. Principal Place of Business
800 N. HIGHLAND AVE
 Suite, Apt. #, etc.
SUITE 200
 City & State
ORLANDO, FL

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
32803 Country
USA

4. FEI Number **APPLIED FOR**
59-3541007

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
**B&C CORPORATE SERVICES OF CENTRAL FL, INC.
 390 NORTH ORANGE AVE., SUITE 1100
 ORLANDO FL 32801**

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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$50.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P98000092850 WATERFORD POINTE APARTMENTS, INC. 3300 SOUTH HIAWASSEE ROAD, SUITE 107 ORLANDO FL 32835	STREET ADDRESS CITY - ST - ZIP	800 N. HIGHLAND AVE, SUITE 200 ORLANDO, FL 32803
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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

WATERFORD POINTE APARTMENTS, INC. G.P.
 SIGNATURE: **SIGNATURE REQUIRED** **STEVEN G. KROFF, PRESIDENT** Date **3-1-00** Daytime Phone # **407/297-1600**

CR2E003 (9/99)