2001 UNIFORM BUSINESS REPORT (UBR)

0002174 AF

DOCUMENT # A98000002814

1. Entity Name

VALENCIA VILLAGE PARTNERS, LTD.

FILED
01 APR 16 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5920 ROSWELL ROAD. SUITE B107-184 ATLANTA GA 30328	P.O. BOX 4961 ORLANDO FL 32802-4961

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	5920 Roswell Rd Suite, Apt. #, etc. B107-184
City & State	City & State Atlanta GA
Zip / Country	Zip 30328 / Country Fulton

4. FEI Number 58-2457243 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
B&C CORPORATE SERVICES OF CENT. FL., INC. 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO FL 32801	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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$8,243,107.00		

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 #	P99000035247	STREET ADDRESS	
NAME	NUROCK VALENCIA PARTNERS, INC.	CITY-ST-ZIP	
STREET ADDRESS	5920 ROSWELL ROAD, SUITE B107-184		
CITY-ST-ZIP	ATLANTA GA 30328		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400004036254--9
NAME		CITY-ST-ZIP	-04/20/01--01104--008
STREET ADDRESS			****526.25 ****526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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

NUROCK VALENCIA PARTNERS, INC.

SIGNATURE: SIGNATURE REQUIRED 4/13/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

ROB HOSKINS, PRESIDENT