

2001 UNIFORM BUSINESS REPORT (UBR)

0020914 IN

DOCUMENT # A99000000762

1. Entity Name
BALCONES APARTMENTS, LTD.

FILED

01 MAY 31 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business % BALCONES GP. INC. 1 PLACE VILLE MARIE, SUITE 3835 MONTREAL, QUEBEC, CANADA H3B 4M6	Mailing Address % BALCONES GP. INC. 1 PLACE VILLE MARIE, SUITE 3835 MONTREAL, QUEBEC, CANADA H3B 4M6
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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 **58-2465421** 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

SOLLNER, RICHARD H
101 EAST KENNEDY BLVD., SUITE 2700
TAMPA FL 33602

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$424,050.00**

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 # **F99000002406**
NAME **BALCONES GP, INC.**
STREET ADDRESS **1 PLACE VILLE MARIE, SUITE 3835**
CITY-ST-ZIP **MONTREAL, QUEBEC, CANADA H3B 4M6**

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

SIGNATURE: *J. Sollner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-18-01

Date Daytime Phone #

CR2E003 (11/00)