

# 2002 UNIFORM BUSINESS REPORT (UBR)

0021422 IN

DOCUMENT # **A99000000762**

FILED

02 FEB 14 PM 2:50

SECRETARY OF STATE  
526.25  
TALLAHASSEE, FLORIDA



1. Entity Name

**BALCONES APARTMENTS, LTD.**

Principal Place of Business

Mailing Address

% BALCONES GP. INC.  
1 PLACE VILLE MARIE, SUITE 3835  
MONTREAL, QUEBEC, CANADA H3B -4M6

% BALCONES GP. INC.  
1 PLACE VILLE MARIE, SUITE 3835  
MONTREAL, QUEBEC, CANADA H3B -4M6

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**58-2465421**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>F99000002406</b> <b>BALCONES GP, INC.</b> <b>1 PLACE VILLE MARIE, SUITE 3835</b> <b>MONTREAL, QUEBEC, CANADA H3B -4M6</b>
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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: *Richard H Sollner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-23-02

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE