

2002 UNIFORM BUSINESS REPORT (UBR)

0010366 AT

DOCUMENT # A99000001951

1. Entity Name
EAST GREEN HILLS APARTMENTS, LTD.

FILED
02 MAY -1 PM 5:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 17842 S.W. 107TH AVENUE, SUITE 25 MIAMI FL 33157	Mailing Address 17842 S.W. 107TH AVENUE, SUITE 25 MIAMI FL 33157
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	DUE BY MAY 1, 2002
City & State	City & State	
Zip	Country	4. FEI Number 31-6117227
		5. Certificate of Status Desired: <input type="checkbox"/> - \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, LUIS M 17842 S.W. 107TH AVENUE, SUITE 25 MIAMI FL 33157	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. \$350,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	315560 KANKO DEVELOPMENT CORPORATION 17842 S.W. 107TH AVENUE, SUITE 25 MIAMI FL 33157	STREET ADDRESS CITY-ST-ZIP	700005537997--1 -05/15/02--01064--006 ****535.00 ****535.00
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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: *[Handwritten Signature]* **RECORDED** *[Handwritten Date]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)