

2001 UNIFORM BUSINESS REPORT (UBR)

0002690 AF

DOCUMENT # **B96000000346**

1. Entity Name

SOUTHEAST RESIDENTIAL PARTNERS, L.P.

FILED

01 MAY -1 PM 12: 29

Principal Place of Business

Mailing Address

**1013 CENTRE ROAD
WILMINGTON DE 19805**

**5850 T.G. LEE BLVD., STE. 345
ORLANDO FL 32822**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3842280

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JUBELT, PAUL C
5850 T.G. LEE BLVD., STE. 345
ORLANDO FL 32822**

Name

Street Address (P.O. Box Number is Not Acceptable)

500004288865--6

-05/23/01--01017--003

City

******141.25 ****141.25
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

Paul C Jubelt
Signature typed or printed name of registered agent and title if applicable.

Paul C Jubelt
(Not Registered Agent signature required when reinstating)

1/12/01
DATE

9. Capital Contributions as Shown on record.

\$100.00

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 # **F96000002485**
NAME **SOUTHEAST RESIDENTIAL CORP.**
STREET ADDRESS **C/O AEC 120 WOOSTER STREET**
CITY-ST-ZIP **NEW YORK NY 10012**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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:

Paul C Jubelt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)