

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021476 FP

DOCUMENT # B98000000336

1. Entity Name
CRAWFORD ARBOUR APARTMENTS LIMITED PARTNERSHIP



FILED
03 MAY -2 PM 7:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MLJH

Principal Place of Business
16835 KERCHEVAL
GROSSE POINTE MI 48230

Mailing Address
16835 KERCHEVAL
GROSSE POINTE MI 48230



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2003

4. FEI Number **75-2766036** 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$20,000,001.00**

10. Amount of Capital Contributions in FLORIDA to date. **20,000,001.00**

11. MAKE CHECK PAYABLE TO FL. 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 #	F00000005687
NAME	CRAWFORD ARBOUR APARTMENTS GP, INC.
STREET ADDRESS	16835 KERCHEVAL
CITY-ST-ZIP	GROSSE POINTE MI 48230
DOCUMENT #	
NAME	
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CITY-ST-ZIP	05/02/03--01103--012 **526.25
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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: *Richard H. ...* **REQUIRED** 4/25/03 317-343-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SIMPLE CHECK HERE