

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B98000000091**

1. Entity Name  
**PHOENIX REALTY SPECIAL ACCOUNT-U, LP.**

FILED

00 MAY -2 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**38 PROSPECT STREET  
HARTFORD CT 06115-0479**

Mailing Address  
**38 PROSPECT STREET  
HARTFORD CT 06103-2814**

2. Principal Place of Business  
**One Financial Plaza  
Suite, Apt., #, etc.  
19th Floor**

3. Mailing Address  
**One Financial Plaza  
Suite, Apt., #, etc.  
19th Floor**

DO NOT WRITE IN THIS SPACE

City & State  
**Hartford CT**  
Zip  
**06103** Country  
**USA**

City & State  
**Hartford, CT**  
Zip  
**06103** Country  
**USA**

4. FEI Number  
**06-1451582**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$5,100,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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	
DOCUMENT #	<b>P98000000734 F98000000734</b>
NAME	<b>PHOENIX REALTY EQUITY INVESTMENTS, INC.</b>
STREET ADDRESS	<b>38 PROSPECT STREET</b>
CITY - ST - ZIP	<b>HARTFORD CT 06115-0479</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>P.O. Box 1909 100 Bright Meadow Blvd Enfield, CT 06083-1909</b>
CITY - ST - ZIP	<b>Enfield, CT 06083-1909</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>000003288490--0</b>
CITY - ST - ZIP	<b>-06/14/00--01046--011 ****526.25 ****526.25</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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** 03/10/00 (800)723-8702  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #