

2001 UNIFORM BUSINESS REPORT (UBR)

0002687 AF

DOCUMENT # A96000000986			
1. Entity Name SER STONE COVE I, LTD.			
Principal Place of Business % AFFIRMATIVE MANAGEMENT, INC. 5850 T.G. LEE BLVD., SUITE 345 ORLANDO FL 32822		Mailing Address % AFFIRMATIVE MANAGEMENT, INC. 5850 T.G. LEE BLVD., SUITE 345 ORLANDO FL 32822	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JUBELT, PAUL C % AFFIRMATIVE MANAGEMENT, INC. 5850 T.G. LEE BLVD., SUITE 345 ORLANDO FL 32822		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 <i>Paul C. Jubelt</i> <i>Paul C. Jubelt</i> 1/12/01 <small>Signature typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)</small>			
9. Capital Contributions as Shown on record. \$200.00		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	STREET ADDRESS	
NAME	SOUTHEAST RESIDENTIAL CORP.	CITY-ST-ZIP	
STREET ADDRESS	120 WOOSTER STREET		
CITY-ST-ZIP	NEW YORK NY 10012		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: <i>Paul C. Jubelt</i>		2/2-925-9600	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

CR2E003 (11/00)