

2002 UNIFORM BUSINESS REPORT (UBR)

0009383 AT

DOCUMENT # A16710

1. Entity Name
1850 APARTMENT ASSOCIATES, LTD.

FILED
2002 FEB 25 PM 3:20

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business 1850 NE 48TH ST. SUITE 136 POMPANO BEACH FL 33064	Mailing Address 1850 NE 48TH ST. SUITE 136 POMPANO BEACH FL 33064
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2002

4. FEI Number **59-2388681** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**HUME & JOHNSON, P.A.
1401 UNIVERSITY DR.
SUITE 301
CORAL SPRINGS FL 33071**

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.

9. Capital Contributions as Shown on record **\$1,744,956.33**

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 #	F9600004886
NAME	KILBRTIDE INT'L LEASING & INV. CO., INC.
STREET ADDRESS	P. O. BOX 168
CITY-ST-ZIP	GREENVILLE VA 24440
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	100005044281--2
CITY-ST-ZIP	-03/05/02--01062--016 ***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

18 JAN. 2002 954 781 341

Date Daytime Phone #

CR2E003 (9/01)