

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A04000000880

1. Entity Name
UPTOWN LOFTS AT ALTAMONTE, LTD.



Principal Place of Business
359 CAROLINA AVENUE
WINTER PARK, FL 32789

Mailing Address
359 CAROLINA AVENUE
WINTER PARK, FL 32789

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092008

Chg-LP

CR2E003 (12/06)

4. FEI Number
20-1219363

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

DOWNING, GRANT T
222 WEST COMSTOCK AVENUE
SUITE 101
WINTER PARK, FL 32789

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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 # P04000084612
NAME EPI-UPTOWN LOFTS EQUITY, INC.
STREET ADDRESS 359 CAROLINA AVENUE
CITY-ST-ZIP WINTER PARK, FL 32789

STREET ADDRESS

CITY-ST-ZIP

000000738541
01/30/08-80033-001 500.00

DOCUMENT # P04000084613
NAME EPI-UPTOWN LOFTS DEVELOPMENT INC
STREET ADDRESS 359 CAROLINA AVENUE
CITY-ST-ZIP WINTER PARK, FL 32789

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # M07000002352
NAME PRUDENTIAL-UPTOWN LOFTS LLC
STREET ADDRESS 8 CAMPUS DRIVE, 4TH FLOOR
CITY-ST-ZIP PARSIPPANY, NJ 07054

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 exemptions contained in Chapter 119, 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

1/11/08 407.644.9055
Date Daytime Phone #

STAPLE CHECK HERE