DOCUMENT # A0000001095 1. Entity Name SANTA CLARA APARTMENTS, LTD.									LEU	:	ጸ	0	554 A-	
							<u> </u>	SECRETARY OF STATE						
Principal Place of Business Mailing Address 2828 CORAL WAY, PENTHOUSE SUITE 2828 CORAL WAY, PENTHOUSE MIAMI FL 33145 MIAMI FL 33145					JSE SUITE			TALLAHASSEE, FLORIDA						
2. Principal	Place of Busin	iess	3. Ma	3. Mailing Address			 .							
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.					DO NOT V	VRITE IN TH	HIS SPA	CE		
City & State			Cit	City & State			4. FEI Number,				 	pplied For ot Applicable	3	
Zip		Country	, Zir		Count	Δ.		5. Certificate of		,	Fee	.75 Ad Require		
	6. Name	and Address of Cur	rrent Register	red Agent		Name		7. Name and	address of Ne	w Register	ed Age	nt		4
MCDONOUGH, BRIAN J 150 WEST FLAGLER STREET, 2200 MUSEUM TOWER MIAMI FL 33130					-		Address (P.O. Box Number	is Not Accept			Zip Coc	de	
9. Capital Co as Shown	Signature, typed ontributions on record.		0 ER THAT IS	plicable. (NOTE: t 10. Amount of Capital in FLORIDA to dat A BUSINESS ENTI be changed on the	Contrib e.	utions	REGIST		TIVE WITH	ERSE SIDE	BLE TO FOR F	EE INFOI	–	
12.		GENERAL PAR			13.	i		· · · · · · · · · · · · · · · · · · ·		CHANGES				٦٠
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	2937 S.W.	309 A CLARA, INC. 27TH AVENUE , S GROVE FL 33133				T ADDRESS ST-ZIP		· ·						CR2E003 (11/00)
DOCUMENT # NAME	P00000066				STREE	T ADDRESS	1	· · · · · · · · · · · · · · · · · · ·						CR2
STREET ADDRESS CITY-ST-ZIP	2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145				CITY-	ST-ZIP		21	<u>0000</u> -02/	365	45	22	4	
DOCUMENT # NAME		ANTA CLARA, INC.			STREE	T ADDRESS			-02/ ***	06/01- *150.0	-010 0 *	91(***1	008 50,00	
STREET ADDRESS CITY-ST-ZIP	MIAMI LAK	154TH STREET, S ES FL 33016	SUITE 400 	<u></u> .	CITY-:	ST-ZIP	<u> </u>		<u> </u>					
DOCUMENT # NAME STREET ADDRESS		313 C Santa Clara, I 57th Avenue	INC.	•		T ADDRESS								
CITY-ST-ZIP	MIAMI FL 3				C/TY-	ST-ZIP	,							
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DOCUMENT # NAME STREET ADDRESS					STREE	T ADDRESS					·· <u>·</u>			-
NAME STREET ADDRESS CITY-ST-ZIP					STREE	T ADDRESS ST-ZIP								
NAME STREET ADDRESS					STREE	T ADDRESS ST-ZIP T ADDRESS						·		

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 **ANGEL HERNANDEZ**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

VICE - PRESIDENT