

2002 UNIFORM BUSINESS REPORT (UBR)

0010844 AT

CR2E003 (9/01)

DOCUMENT # A00000001102

1. Entity Name

SIENNA PARTNERS, LTD.


Principal Place of Business	Mailing Address
12550 BISCAYNE BLVD., SUITE 215 NORTH MIAMI FL 33181	12550 BISCAYNE BLVD., SUITE 215 NORTH MIAMI FL 33181

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED **LF**

02 APR 22 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GREEN, PATRICIA K 2200 MUSEUM TOWER 150 W. FLAGLER STREET MIAMI FL 33130		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.	\$999.90	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P00000066728	STREET ADDRESS	
NAME	SIENNA PARTNERS CORP.	CITY-ST-ZIP	
STREET ADDRESS	12550 BISCAYNE BLVD., SUITE 215		
CITY-ST-ZIP	NORTH MIAMI FL 33181		
DOCUMENT #	N93000003134	STREET ADDRESS	
NAME	MIAMI SUPPORTIVE HOUSING CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	600 BRICKELL AVE., SUITE 502		
CITY-ST-ZIP	MIAMI FL 33131		
DOCUMENT #		STREET ADDRESS	300005420053--7
NAME		CITY-ST-ZIP	-05/02/02--01023--009
STREET ADDRESS			***150.00- ***150.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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:  **3/27/02 305-891-3831**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #