2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 08:00 AM
Secretary of State

DOCUMENT # A00000001404

1. Entity Name
THE GROVES HOUSING PARTNERS, LTD.

Principal Place of Business	Mailing Address
1006 BECKSTROM DRIVE	% BNG PARTNERS, INC. 1006 BECKSTROM DRIVE
OVIEDO FL 32765	OVIEDO FL 32765

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

DO NOT WRITE IN THIS SPACE

4. FEI Number — ☐ Applied For — X Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EDWARDS BECKY T	Name
100 BECKSTROM DRIVE	Street Address (P.O. Box Number is Not Acceptable)
OVIEDO FL	
32765 US	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 BECKY T. EDWARDS — 02/06/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11.
1,000.00	1,000.00	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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	THE GROVES HOUSING ASSOCIATES, L.L.C. / 1006 BECKSTROM DRIVE / OVIEDO FL 32765	STREET ADDRESS / CITY-ST-ZIP	
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CR2E003 (11/00)

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: Becky T. Edwards P 02/06/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #