

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # A01000000119**

1. Entity Name

MOULTRIE VILLAGE APARTMENTS, LTD.

FILED

02 MAR 14 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NUN



Principal Place of Business

319 CLEMATIS STREET SUITE 901
WEST PALM BEACH FL 33401

Mailing Address

319 CLEMATIS STREET SUITE 901
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1607027

Applied For

Not Applicable

6. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY, P.A.
225 WATER STREET, SUITE 1800
JACKSONVILLE FL 32202

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

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

DATE

9. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.MAKE CHECK PAYABLE TO DEP. 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 #	L01000001009	STREET ADDRESS	
NAME	MV HOUSING, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	319 CLEMATIS STREET SUITE 901		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 19.07(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: X

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

CR2ED03 (9/01)