2002 UNIFORM BUSINESS REPORT (UBR)									
DOCUMENT # A0100000126 1. Entity Name							FILED STATE:		
ADDISON PARK LIMITED PARTNERSHIP								SECRETARY OF STATE. DIVISION OF CORPORATIONS	
								02 MAR -4 PM 12: 08	
Principal Place of Business Mailing Address C/O SENTINEL REAL ESTATE CORPORATION C/O SENTINEL REAL ESTA					TATE 00	ATE CORRODATION		UZ HARI 4	
C/O SENTINEL REAL ESTATE CORPORATION 1251 AVENUE OF THE AMERICAS NEW YORK NY 10020 C/O SENTINEL REAL ESTATE CORPORATION 1251 AVENUE OF THE AM NEW YORK NY 10020									
2. Principal Place of Business 3. Mailing A				Mailing Address	ng Address				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY MAY 1, 2002	
City & State				City & State				4. FEI Number Applied For 58 - 2595688 Not Applicable	
Zip	Zip Country			Zip Countr		ntry		5. Certificate of Status Desired See Required Fee Required	
	6. Name	and Address of Current	Regist	ered Agent		7. Name and Address of New Registered Agent			
AIDLI OTDIGOTO NO						Name	Name -		
NRAI SERVICES, INC. 526 E. PARK AVENUE						Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301							ity FL Zip Code		
						City			
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.						Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE			
9. Capital Contributions as Shown on record. \$99,000.00 In FLORIDA to date					ate.	99,000 SEE REVERSE SIDE FOR FEE INFORMATION			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIS NOTE: General Partners MAY NOT be changed on the form; an amendme									
12,	GENERAL PARTNER INFORMATION							ADDRESS CHANGES ONLY	
NAME	P0100008090 ADDISON PARK APARTMENTS, INC.				STRE	et address			
STREET ADDRESS CITY-ST-ZIP	1251 AVENUE OF THE AMERICAS NEW YORK NY 10020				CITY	-ST-ZIP	5000050731053		
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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

By: Addison fark Apartments. For SIGNATURE: By: Ellips Basin Cash Statutes Signature And Typed or Printed Name of Signing General Partner

SIGNATURE: By: Ellips Basin Cash Statutes Signature And Typed or Printed Name of Signing General Partner

Daysing Phone **