

2001 UNIFORM BUSINESS REPORT (UBR)

0012533 AF

DOCUMENT # A01910

1. Entity Name

ORTEGA ARMS APARTMENTS, LTD.

Principal Place of Business

POST OFFICE BOX 47050
3740 BEACH BLVD
JACKSONVILLE FL 32247

Mailing Address

POST OFFICE BOX 47050
3740 BEACH BLVD
JACKSONVILLE FL 32247

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

59-1459622

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMETREE, JACK C.
3740 BEACH BLVD.
SUITE 300
JACKSONVILLE FL 32207

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$270,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. 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 # L99000009339
NAME JCD ORTEGA ARMS, LLC.
STREET ADDRESS 3740 BEACH BLVD., SUITE 300
CITY-ST-ZIP JACKSONVILLE FL 32207

STREET ADDRESS

CITY-ST-ZIP

900003708229--5
-02/16/01--01137--0016
****535.00 ****535.00

DOCUMENT # L99000009338
NAME WCD ORTEGA ARMS, L.L.C.
STREET ADDRESS 3348 EDGEWATER DRIVE
CITY-ST-ZIP ORLANDO FL 32804

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

01 FEB 12 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)