

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #		A03299	
1. Entity Name			
HOLIFIELD ARMS APARTMENTS, LTD.			
Principal Place of Business		Mailing Address	
3866 LONGLEAF ROAD		P.O. BOX 6524	
TALLAHASSEE, FL 30310		TALLAHASSEE FL 32314-6524	
2. Principal Place of Business		3. Mailing Address	
2525 TEXAS STREET		4000-B ST. JOHNS AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 27		SUITE 27	
City & State		City & State	
TALLAHASSEE, FL		JACKSONVILLE, FL 3	
Zip	Country	Zip	Country
32301		32205	

FILED

01 MAY -7 AM 10: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INTRASTATE REGISTERED AGENT CORPORATIONS 701 BRICKELL AVD., SUITE 3000 MIAMI, FL 33131		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. \$12,325.00	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 # NAME STREET ADDRESS CITY - ST - ZIP	HOLIFIELD, MARILYN J. c/o 701 BRICKELL AVE., 30TH FLOOR MIAMI, FL 33131	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	HOLIFIELD, EDWARD W. 3868 LONGLEAF ROAD TALLAHASSEE, FL 30310	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	000004384380--4 -06/08/01--01105--001 ****175.06 ****175.06
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	AR-86-25	STREET ADDRESS	B/K
	AR Subd 86-75	CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	5/7
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____

Daytime Phone # _____