2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A0400000880

Entity Name: UPTOWN LOFTS AT ALTAMONTE, LTD.

8 CAMPUS DRIVE, 4TH FLOOR

PARSIPPANY, NJ 07054

Address:

City-St-Zip:

FILED Feb 13, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|--|--|---------------------------------|---|-------------------------------------|
| | LINA AVENUE ARK, FL 3278 | 9 | | |
| Current Mailing Address: | | | New Mailing Address: | |
| | LINA AVENUE ARK, FL 3278 | 9 | | |
| FEI Number: | 20-1219363 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| SUITE 101 | , GRANT T COMSTOCK A ARK, FL 3278 | | | |
| The above in the State | | ubmits this statement for the p | ourpose of changing its registered | office or registered agent, or both |
| SIGNATUR | RE: | | | |
| | Electroni | c Signature of Registered Age | ent | Date |
| GENERAL PARTNER INFORMATION: | | | ADDRESS CHANGES ONLY: | |
| Document #: Name: Address: City-St-Zip: Document #: Name: | 359 CAROLINA WINTER PARK, M07000002352 | | Address: City-St-Zip: | |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GREG JACOBY GP 02/13/2009