

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A07609**

1. Entity Name
HOLLEY GARDEN APARTMENTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 21 AM 3:05

Principal Place of Business
~~1850 LEE ROAD, SUITE 115~~
~~WINTER PARK FL 32789~~
155 Sabal Palm Dr.
Longwood, FL 32779

Mailing Address
~~1850 LEE ROAD, SUITE 115~~
~~WINTER PARK FL 32789-2104~~
Same



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2470109		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RAJTAJ, STEVEN A. 1850 LEE ROAD 155 Sabal Palm Dr. SUITE 115 Longwood, FL 32779 WINTER PARK FL 32789				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1,189,932.00	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	GRACE, PHILIP C 1850 LEE RD, SUITE 115 WINTER PARK FL	STREET ADDRESS CITY - ST - ZIP	155 Sabal Palm Dr. Longwood, FL 32779
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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.

SIGNATURE: *VP of Gen Ptnr* **Andrea H/D/comb** 4/19/2000 407 786-8820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)