

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A08820**

1. Entity Name

BUENA VISTA REHABILITATION ASSOCIATES, LTD.

Principal Place of Business

**ONE INSIGNIA FINANCIAL PLAZA
GREENVILLE SC 29601**

Mailing Address

**ONE INSIGNIA FINANCIAL PLAZA
GREENVILLE SC 29601**

2. Principal Place of Business

2000 S. Colorado Blvd.

3. Mailing Address

2000 S. Colorado Blvd.

Suite, Apt. #, etc.

Tower Two, Suite 2-1000

Suite, Apt. #, etc.

Tower Two, Suite 2-1000

City & State

Denver, CO

City & State

Denver, CO

Zip

80222

Country

USA

Zip

80222

Country

USA

4. FEI Number

13-3031350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

00 SEP 25 PM 5:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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.

\$18,750.00

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

DOCUMENT # **617998**
NAME **THE RELATED COMPANIES OF FLORIDA, INC.**
STREET ADDRESS **2828 CORAL WAY**
CITY-ST-ZIP **MIAMI FL**

DOCUMENT # **F97000001937**
NAME **SF GENERAL, INC.**
STREET ADDRESS **ONE INSIGNIA FINANCIAL PLAZA**
CITY-ST-ZIP **GREENVILLE SC 29601**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**2000 South Colorado Boulevard
Tower Two, Suite 2-1000
Denver, CO 80222**

200003402982--5

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
Buena Vista Rehabilitation Associates, Ltd., by its Managing GP, SF General, Inc.

SIGNATURE: By: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9-21-00 Secretary

9-21-00

(303) 757-8101

Date

Daytime Phone #

CR2E003 (5/00)



A08820

2

ACCOUNT NO. : 072100000032

REFERENCE : 840221 5124005

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 620.00

ORDER DATE : September 22, 2000

ORDER TIME : 10:14 AM

ORDER NO. : 840221-005

CUSTOMER NO: 5124005

CUSTOMER: Leslie Green, Corp Paralegal
Aimco
2000 South Colorado Blvd.
Tower Two, Suite 2-1000
Denver, CO 80222

FILED
00 SEP 25 PM 5:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: BUENA VISTA REHABILITATION
ASSOCIATES, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS

EXAMINER'S INITIALS: _____

RECEIVED
00 SEP 25 AM 11:32
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK 9/25