

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A11320

1. Entity Name

LAFAYETTE APARTMENTS, LTD.

Principal Place of Business

100 N. TAMPA STREET, SUITE 3000
TAMPA FL 33601-5835

Mailing Address

1002 W. 23RD STREET, SUITE 400
PANAMA CITY FL 32405-3648

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

59-2243452

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

MYERS, JULIE S
311 E. PARK AVE.
TALLAHASSEE FL 32312

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.

\$76,000.00

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 #
NAME MYERS, JULIE S
STREET ADDRESS 311 E. PARK AVE.
CITY - ST - ZIP TALLAHASSEE FL

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME SMITH, L. GARRY JR.
STREET ADDRESS 100 N. TAMPA ST., SUITE 3000
CITY - ST - ZIP TAMPA FL

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
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CITY - ST - ZIP

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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

REQUIRED

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

437.50
88.75
8.75
59.50

300003281889- -1
-06/08/00--01079--001

44346.07 **535.00

FILED
00 MAY -1 PM 12:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Julie Myers, GP

2-1-00 850/769-8981