INIFORM BUSINESS REPORT (UBR) DOCUMENT # A11528 ENTURA APARTMENTS, LTD. 00 MAY -1 PM 12: 06 Principal Place of Business Mailing Address SAME 3111 PACES MILL ROAD SWITE CROD ATLANTA, GEORGIA 30339 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1462635 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION 1200 SOUTH PINE ISLAND DRIVE Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FLORIDA 33324 City 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. (NOTE, Registered Agent signature required when reinstating) apital Contributions \$ 3,791,2.54 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions ---in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. F97000005711 DOCUMENT 4 STREET ADDRESS HALLMARK GROWP REAL ESTATE SERVICES STREET ADDRESS BILL PACES MILL ROAD, SLUTE COOD CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GEORGIA 30339 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME SIREET 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 THE DOT PRINTED NAME OF SIGNING GENERAL PAR

3/24/00

770-984-2100