

2002 UNIFORM BUSINESS REPORT (UBR)

UN-2415 A1

DOCUMENT # A11528	
1. Entity Name VENTURA APARTMENTS, LTD.	
Principal Place of Business 3111 PACES MILL ROAD SUITE A250 ATLANTA GA 30339	Mailing Address 3111 PACES MILL ROAD SUITE A250 ATLANTA GA 30339
2. Principal Place of Business	3. Mailing Address

FILED
02 FEB -4 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2002	
City & State		City & State		4. FEI Number 59-1462635	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,791,254.00	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	F97000005711 HALLMARK GROUP REAL ESTATE SERVICES CORP. 3111 PACES MILL ROAD, SUITE A-250 ATLANTA GA 30339	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	300004911653--3 -02/12/02--01051--006 ****526.25 ****526.25
		CITY-ST-ZIP	
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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

Date _____ Daytime Phone # _____

CR2E003 (9/01)