

2001 UNIFORM BUSINESS REPORT (UBR)

0010875 AF

DOCUMENT # A12019

1. Entity Name

HIGH SPRINGS APARTMENTS, LTD.

Principal Place of Business

1311 N.W. 31ST STREET
GAINESVILLE FL 32605

Mailing Address

1311 N.W. 31ST STREET
GAINESVILLE FL 32605

FILED

01 APR 12 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6992 BURNT SIENNA CIR. 6992 BURNT SIENNA CIR.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip
34109

Country
USA

City & State

NAPLES, FLORIDA

Zip
34109

Country
USA

4. FEI Number

59-1349759

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLIS, MANUEL M.

1311 N.W. 31ST ST. 6992 BURNT SIENNA CIRCLE
GAINESVILLE FL 32605 NAPLES, FL 34109

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

Manuel M. Solis

GENERAL PARTNER

3/14/01

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.

\$95.00

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 #
NAME SOLIS, MANUEL M.
STREET ADDRESS 1311 N.W. 31ST STREET
CITY-ST-ZIP GAINESVILLE FL

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

ACCOUNT NO.

VENDOR NO.

DUE DATE

SUBMITTED BY

DATE SUBMITTED

MGR APPROVAL

DATE PAID

CHECK NO.

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

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****150.00 ****150.00

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: MANUEL M. SOLIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/14/01

Date

(941) 582-0091

Daytime Phone #

CP2E003 (11/00)