

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A14220

1. Entity Name

BENTWOOD ASSOCIATES, LTD.

Principal Place of Business
6929 W. UNIVERSITY AVE.
GAINESVILLE FL 32607

Mailing Address
6929 W. UNIVERSITY AVE.
GAINESVILLE FL 32607-1623

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip Country Zip Country

APPROVED
AND
FILED

00 MAR 30 AM 10: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number	95-3802468	Applied For
		Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOGUE, ANITA
REO PROPERTIES
2100 APALACHEE PARKWAY, 8B
TALLAHASSEE FL 32301

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.	\$1,781,250.00	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 #	G99176900007	STREET ADDRESS CITY - ST - ZIP	
NAME STREET ADDRESS CITY - ST - ZIP	AMREAL FLA. ASSOCIATES 610 W ASH ST #1400 SAN DIEGO CA 92101		
DOCUMENT #	G93081000025	STREET ADDRESS CITY - ST - ZIP	70000320501 -04/11/00--01148--020
NAME STREET ADDRESS CITY - ST - ZIP	ABCS INVESTORS 3400 DUNDEE RD., #200 NORTHBROOK IL		****526.25 ****526.25
DOCUMENT #		STREET ADDRESS CITY - ST - ZIP	
NAME STREET ADDRESS CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS CITY - ST - ZIP	
NAME STREET ADDRESS CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS CITY - ST - ZIP	
NAME STREET ADDRESS CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS CITY - ST - ZIP	
NAME STREET 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/6/00

Date

(619)338-9990

Daytime Phone #