

# 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

APPROVED  
AND  
FILED

00 MAR 30 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/10



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 95-3802468

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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  
NAME AMREAL FLA. ASSOCIATES  
STREET ADDRESS 610 W ASH ST #1400  
CITY - ST - ZIP SAN DIEGO CA 92101

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # G93081000025  
NAME ABCS INVESTORS  
STREET ADDRESS 3400 DUNDEE RD., #200  
CITY - ST - ZIP NORTHBROOK IL

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

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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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/6/00

Date

(619) 338-9990

Daytime Phone #

CR2E003 (9/99)