

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0007288
AT

DOCUMENT # **A14220**

1. Entity Name

BENTWOOD ASSOCIATES, LTD.

02 MAR 27 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Principal Place of Business 6929 W. UNIVERSITY AVE. GAINESVILLE FL 32607		Mailing Address 6929 W. UNIVERSITY AVE. GAINESVILLE FL 32607	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 95-3802468		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DUE BY MAY 1, 2002

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  DATE _____
Signature, typed or printed name of registered agent and title if applicable.


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	
NAME	AMREAL FLA. ASSOCIATES	CITY-ST-ZIP	
STREET ADDRESS	610 W ASH ST #1400		
CITY-ST-ZIP	SAN DIEGO CA 92101		
DOCUMENT #	G93081000025	STREET ADDRESS	
NAME	ABCS INVESTORS	CITY-ST-ZIP	
STREET ADDRESS	3400 DUNDEE RD., #200		
CITY-ST-ZIP	NORTHBROOK IL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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:  **3/11/02** **(69)990-8510**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)