

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 APR -4 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

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)

60001532526

04/04/03--01065--005 **\$26.25

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

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 FL. 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 4184 PALISADES RD
CITY-ST-ZIP SAN DIEGO, CA 92116

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
CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/18/03 (612) 990 8510

0007431 AT

CR2E003 (10/02)