

2002 UNIFORM BUSINESS REPORT (UBR)

0008383 AT

DOCUMENT # **A16710**

1. Entity Name

1850 APARTMENT ASSOCIATES, LTD.

FILED

2002 FEB 25 PM 3: 20

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business 1850 NE 48TH ST. SUITE 136 POMPANO BEACH FL 33064	Mailing Address 1850 NE 48TH ST. SUITE 136 POMPANO BEACH FL 33064
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

DUE BY MAY 1, 2002	
4. FEI Number 59-2388681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUME & JOHNSON, P.A. 1401 UNIVERSITY DR. SUITE 301 CORAL SPRINGS FL 33071	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \$1,744,956.33	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	F96000004886 KILBRTIDE INT'L LEASING & INV. CO., INC. P. O. BOX 168 GREENVILLE VA 24440	STREET ADDRESS CITY-ST-ZIP	100005044281--2 -03/05/02--01062--016 ****526.25 ****526.25
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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: **18 JAN. 2002 954 781 341**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)