

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A18957**

1. Entity Name  
**COMMUNITY ACRES ASSOCIATES LIMITED PARTNERSHIP**

**FILED**

**01 OCT - 12:17 PM**

Principal Place of Business  
**1805 SW 4TH COURT  
FT. LAUDERDALE FL 33312**

Mailing Address  
**1805 SW 4TH COURT  
FT. LAUDERDALE FL 33312**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		<b>DUE BY SEPTEMBER 26, 2001</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
4. FEI Number <b>22-2423821</b>		Applied For		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>MANETTE, JOHN</b> <b>1805 SW 4TH COURT</b> <b>FT. LAUDERDALE FL 33312</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

8. The above named John Manette statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: 9/1/01

9. Capital Contributions as Shown on: <b>\$563,625.00</b>	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 # <b>P94000065381</b>	NAME <b>COMMUNITY ACRES PROPERTY MANAGEMENT CORP.</b>	STREET ADDRESS	
STREET ADDRESS <b>1805 SW 4TH COURT</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL 33312</b>	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	<b>700004622107--6</b>
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	<b>-10/03/01--01068--007</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>***934.25 ***934.25</b>
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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] **SIGNATURE OF GENERAL PARTNER** **9/1/01** **954-462-7814**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/01)