2002 UNIFORM BUSINESS REPORT (UBR)

A18957 **DOCUMENT #** FILED 1. Entity Name COMMUNITY ACRES ASSOCIATES LIMITED PARTNERSHIP 02. APR 29 PN 6: 27 SECRELARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 1805 SW 4TH COURT 1805 SW 4TH COURT FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State Applied For 4. FEI Number 22-2423821 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANETTE, JOHN Street Address (P.O. Box Number is Not Acceptable) 1805 SW 4TH COURT FT. LAUDERDALE FL 33312 Zip Code City 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, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$563,625.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION CR2E003 (9/01) P94000065381 DOCUMENT # STREET ADDRESS 500005481325--3 COMMUNITY ACRES PROPERTY MANAGEMENT CORP. 05/07/02--01059--014 1805 SW 4TH COURT STREET ADDRESS CITY-ST-7/P ****526.25 ****526.25 FT. LAUDERDALE FL 33312 CITY-ST-ZIP DOCUMENT # BK STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME = STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

1/7/02 954 462 7814

Date Daylime Phone # SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER SIGNATURE: