## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A21499  1., Entity Name  WEST GABLES REAL ESTATE ASSOCIATES, LTD.					SEC DIVISI	FILED RETARY OF S ON OF CORPOR	TATE ATIONS	L5/23	
Principal Place of Business ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243		Mailing Address PO BOX 380546 BIRMINGHAM AL 35238		O2 MAY -7 PM 1:40					
2. Principal Place of Bus	iness	3. Mailing Address				<b>1516</b> 11081 11011 61616 1011	ia 1811 anan ana	<b>                                    </b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2002					
City & State		City & State		4. FEI Number	65-0033102		Applied For		
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		8.75 Additional ee Required	
6. Nam	e and Address of Curre	nt Registered Agent	2 2 .	 Name	7. Name and	Address of New Re		•	
C T CORPORATION					(P.O. Box Numbe	(P.O. Box Number is Not Acceptable)			
1200 S. PINE ISLAN			-			, , , , , , , , , , , , , , , , , , , ,	<b>,</b>		
PLANTATION FL 33324			1	City Zip Code					
			-	City			FL	Zip Code	
. The above named enti	ity submits this statement	t for the purpose of changing its		· · · · · · · · · · · · · · · · · · ·	ered agent, or both	ı, in the State of Flor	FL rida.	Zip Code	
	ity submits this statement	for the purpose of changing its		· · · · · · · · · · · · · · · · · · ·	ered agent, or both	n, in the State of Flor		Zip Code	
SIGNATURE	ed or printed name of registered ag	ent and title if applicable.	registered o	office or registe	ered agent, or both		rida.		
SIGNATURE Signature, type  3. Capital Contributions as Shown on record.	sid or printed name of registered agr	ent and title if applicable.  10. Amount of Capita in FLORIDA to da	registered of	office or registe		11. MAKE CHEC SEE REVERS	DATE K PAYABLE 1 E SIDE FOR	Zip Code  TO DEPT. OF STATE FEE INFORMATION	
SIGNATURE  Signature, type  Capital Contributions as Shown on record.  A NOTE	\$2,000,000.00  GENERAL PARTNEF  General Partners M	10. Amount of Capita in FLORIDA to da R THAT IS A BUSINESS EN MAY NOT be changed on the	registered of all Contributions at a contributions at a contribution at a contributi	office or registerions	STERED AND A	11. MAKE CHECK SEE REVERS CTIVE WITH THI I to change a ge	DATE  K PAYABLE 1 E SIDE FOR S OFFICE. neral partr	TO DEPT. OF STATE FEE INFORMATION Ner.	
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**SIGNATURE:** 

PED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)