

2001 UNIFORM BUSINESS REPORT (UBR)

0018467 AF

DOCUMENT # **A23789**

1. Entity Name

DECADE COMPANIES INCOME PROPERTIES - A LIMITED P

FILED

01 JAN 16 PM 8:57

**SECRETARY OF STATE
TALLAHASSEE**

Principal Place of Business

2545 N.E. COACHMAN RD.

CLEARWATER FL 34625

US

Mailing Address

% BROOKFIELD LAKES CORP.CTR

250 PATRICK BLVD. RM 140

BROOKFIELD WI 53045

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-1518732

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

KEIERLEBER, JEFFREY

240 BAYSIDE DR.

CLEARWATER BEACH FL 34639 33767-2503

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
33767-2503

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$18,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11,500,000

11. MAKE CHECK PAYABLE TO 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 #

G92368004463

NAME

DECADE COMPANIES

STREET ADDRESS

250 PATRICK BLVD STE 140

CITY-ST-ZIP

BROOKFIELD WI

STREET ADDRESS

CITY-ST-ZIP

53045

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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DOCUMENT #

NAME

STREET ADDRESS

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

Decade Companies

By: Decade 80, Inc., General Partner

SIGNATURE:

By: **SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Michael Sweet, Secretary of Decade 80, Inc.

1/08/01

Date

262-792-9200

Daytime Phone #

CR2E003 (11/00)