

2001 UNIFORM BUSINESS REPORT (UBR)

0018821 AB

DOCUMENT # A23994

1. Entity Name

BOARDWALK APARTMENTS LIMITED

FILED

01 APR 23 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6099 RIVERSIDE DRIVE
SUITE 200
DUBLIN OH 43017

Mailing Address

6099 RIVERSIDE DRIVE
SUITE 200
DUBLIN OH 43017

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

31-1193319

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAUGHAN, DOROTHY A
1425 GULF OF MEXIC DRIVE
D102
LONGBOAT KEY FL 33548

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

\$200.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 #	A23993	STREET ADDRESS	
NAME	VAUGHAN-HITSMAN LIMITED	CITY-ST-ZIP	
STREET ADDRESS	6099 RIVERSIDE DR., #200		
CITY-ST-ZIP	DUBLIN OH		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	200004162362--8
NAME		CITY-ST-ZIP	05/08/01 01074 023
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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

SIGNATURE:

Dorothy A. Vaughan
SIGNATURE AND TYPED PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/01

Date

Daytime Phone #

CR2E003 (11/00)