

2001 UNIFORM BUSINESS REPORT (UBR)

0017829 AF

DOCUMENT # **A24103**

1. Entity Name

SHELTER GROUP SOUTHEAST - HIALEAH, A LIMITED PAR

Principal Place of Business

**218 NORTH CHARLES STREET, SUITE 500
BALTIMORE MD 21201**

Mailing Address

**218 NORTH CHARLES STREET, SUITE 500
BALTIMORE MD 21201**

FILED
01 FEB 21 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

41-1559109

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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.

\$1,011,100.00

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

DOCUMENT # **P04497**
NAME **WILSHIRE INVESTMENTS CORPORATION**
STREET ADDRESS **12100 WILSHIRE BLVD., 14TH FLOOR**
CITY-ST-ZIP **LOS ANGELES CA 90025**

DOCUMENT # **F99000003684**
NAME **MMA SUCCESSOR I, INC.**
STREET ADDRESS **218 NORTH CHARLES STREET, SUITE 500**
CITY-ST-ZIP **BALTIMORE MD 21201**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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******535.00 ****535.00**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/15/01

410-962-8044

CR2E003 (11/00)