## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

					<del></del> -			
DOCUMENT # A27046  1. Entity Name						TLED		:
CLEARWATER APARTMENTS I LIMITED PARTNERSHIP					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address					→ 00 APR 2	5 AM 3: 05		
5600 ROSWELL ROAD, SUITE 266N 5600 ROSWELL ROAD, S								
atlanta ga	ATLANTA GA 30342-1119	R GA 30342-1119		1 1 1 2 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2				
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2. Principal F	Place of Business	3. Mailing Address		1				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number	58-1801914	Applie Not Ap	ed For pplicable	
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				
C T CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)				
1200 S. PINE ISLAND ROAD				Street Address (F.O. Box Number is Not Acceptable)				
PLANTATION FL 33324								
,				City . FL Zip Code				
8. The above	named entity submits this statement for	or the purpose of changing its	register	ed office or regist	ered agent, or both	, in the State of Florida.		Ì
SIGNATURE	Signature, typed or printed name of registered agent	and tale if applicable. (NOTI	E: Registere	ed Agent signature requir	red when reinstating)	DATE		<u>—</u> ]
9. Capital Contributions as Shown on record. \$4,166,400.00 In FLORIDA to date				butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
us criown	A GENERAL PARTNER	THAT IS A BUSINESS EN	TITY N	IUST BE REGIS	STERED AND A	CTIVE WITH THIS OFFIC	CE.	
NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION			ne torm		ADDRESS CHANGES ONLY			
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NAME STREET ADDRESS	LANTANA, INC.  DORESS   5600 ROSWELL ROAD, #266		arn	, <del>, , , , , , , , , , , , , , , , , , </del>	<u>1000032601915</u> 8			
CITY-ST-ZIP	ATLANTA GA 30342			/+ST-ZIP	<u> </u>			
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indicated	certify that the information supplied with on this report is true and accurate and	that my signature shall have	the sam	e legal effect as it	Section 119.07(3)(i) made under oath;	, Florida Statutes. I further o that I am a General Partner	ertify that the inform of the limited partr	mation nership or
the receiv	ver or trustee empowered to execute th	is report as required by Chap	ter 620,	riorida Statutes		s Whins	4/20/	

404-250-1695

Daytime Phone #