200	1 UNI	FORM BUS	SINESS REPO	RT (UB	R)		
DOCL 1. Entity Na							
BACK BAY APARTMENTS, A LIMITED PARTNERSHIP					FI	ILED	
Principal Place of Business			Mailing Address	01	MAY	-3 AM 11: 12	
P.O. BOX 40177 INDIANAPOLIS IN 46240			P.O. BOX 40177 INDIANAPOLIS IN 46240	SE TAL		RY OF STATE SSEE, FLORIDA	
2. Principal Place of Business			3. Mailing Address			-	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	<del></del>		DO NOT WRITE IN THIS SPACE	
City & State			City & State			4. FEI Number 35-1786725 Applied Fo	
Zip		Country	Zip	Country		5. Certificate of Status Desired  \$8.75 Additional Fee Required	
	6. Name	and Address of Curren	t Registered Agent			7. Name and Address of New Registered Agent	
KARNS, LARRY A 7332 NW FIFTH ST PLANTATION FL 33317				Name Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			
8. The above	e named entity	submits this statement f	or the purpose of changing its r	registered office or	registere	red agent, or both, in the State of Florida.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT: R				Registered Agent signat	ure required	when reinstating) OATE	
9. Capital Contributions as Shown on record.  \$0.00			10. Amount of Capital in FLORIDA to ca			11. MAKE CHECK PAYABLE TO DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
						TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS	BASILE, FR			STREET ADDRESS			
CITY-ST-ZIP INDIANAPOLIS IN				CITY-ST-ZIP			

12. DOC NAM STRE CITY 500004324315---8 -05/25/01--01102--023 DOCUMENT # STREET ADDRESS NAME BEATTY, JAMES W STREET ADDRESS \*\*\*\*141.25 \*\*\*\*141.25 5781 N. PENNSYLVANIA ST. CITY-ST-ZIP CITY-ST-ZIP <u>Indianapolis in</u> DOCUMENT # STREET ADDRESS NAME BISESI, JAMES T STREET ADDRESS 8617 SEAWARD LANE CITY-ST-ZIP CITY-ST-ZIP <u>Indianapolis in</u> DOCUMENT # STREET ADDRESS NAME GLICK, EUGENE B STREET ADDRESS 215 WILLIAMS COURT CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN DOCUMENT # STREET ADDRESS NAME GLICK, MARILYN K STREET ADDRESS 215 WILLIAMS COURT CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN DOCUM IT # STREET ADDRESS LANDMAN, BERNARD JR. STREET ADDRESS 9504 MOORE ROAD CITY-ST-ZIP CITY-ST-ZIP ZIONSVILLE IN

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 Charter 620, Florida Statutes

SIGNATURE:

FISHING THE DOR PRINTED NAME OF SIGNING GENER AL PARTINER

4/27/01

(317)469-0400

Date

Daytime Phone #