LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28657

1. Entity Name

COLUMBUS CENTER ASSOCIATES, LTD.

FILED

2002 APR 30 PM 4:21

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9830 Colonnade Blvd.		9830 Colonnade Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
600		600	
City & State		City & State	
San Antonio, Texas		San Antonio, Texas	
Zip	Country	Zip	Country
78230-2239	USA	78230-2239	US

DUE BY MAY 1

4. FEI Number 74-2676132 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Alhambra Gables One, Inc.

Street Address (P.O. Box Number is Not Acceptable): 5405 W. Cypress

Suite 109

City: Tampa **FL** Zip Code: 33607

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
3,322,072.00	6,667,593.00	

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 #	P26771	STREET ADDRESS	
NAME	Alhambra Gables One, Inc.	CITY-ST-ZIP	
STREET ADDRESS	9830 Colonnade Blvd., #600		
CITY-ST-ZIP	San Antonio, Texas 78230-2239		
DOCUMENT #		STREET ADDRESS	300005597153--2 -05/22/02--01025--014
NAME		CITY-ST-ZIP	***2276.25 ****526.25
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	**DO NOT WRITE**
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DOCUMENT #		STREET ADDRESS	**IN THIS SPACE**
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	FF 526.25
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003B (12/01)

STAPLE CHECK HERE

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: _____ Randal R. Seewald, VP & Secretary 4/25/02 (210) 498-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #