

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28672**

1. Entity Name

ANN-ELL APARTMENTS ASSOCIATES, LTD.

Principal Place of Business

% LEON J. WOLFE
100 S.E. SECOND ST., SUITE 3500
MIAMI FL 33137-2130

Mailing Address

% LEON J. WOLFE
100 S.E. SECOND ST., SUITE 3500
MIAMI FL 33131-2148

2. Principal Place of Business

599 W. PUTNAM AVE.

3. Mailing Address

599 W. PUTNAM AVE

Suite, Apt. #, etc.

3RD FLOOR

Suite, Apt. #, etc.

3RD FLOOR

City & State

GREENWICH, CT

City & State

GREENWICH, CT

Zip

06830

Country

USA

Zip

06830

Country

USA

4. FEI Number

65-0135229

Applied For

Not Applicable

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

WOLFE, LEON J
100 S.E. SECOND ST.
SUITE 3500
MIAMI FL 33131-2130

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.

\$607,252.00

10. Amount of Capital Contributions
in FLORIDA to date.

607,152

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 # M97000000251
NAME HOMESTEAD B & V RECAP ASSOCIATES OF CT LLC
STREET ADDRESS 11 MOLLY LANE
CITY - ST - ZIP DARIEN CT 06820

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/21/00

203-869-0900

Date

Daytime Phone #

CR2E003 (9/99)