2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   A28912

1. Entity Name

BEAU TERRE APARTMENTS, LTD.

Principal Place of Business	Mailing Address
41 N BELTINE HWY MOBILE AL 36608	P.O. BOX 160306 MOBILE AL 36616-1306

2. Principal Place of Business	**3.** Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc. 3rd Floor, Colonial Bank Centre	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 63-1013635 Applied For XX Not Applicable
Zip 36608-1201 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
AUSTIN, LES 3298 SUMMIT BLVD #18 PENSACOLA FL 32503-4350	Name Joseph J. Campus, III 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 _____ APR 1 8 2000

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. **$455,100.00**	**10.** Amount of Capital Contributions in FLORIDA to date. **$455,100.00**	**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 # GP9800001084 NAME MITCHELL EQUITIES STREET ADDRESS 3298 SUMMIT BLVD #18 CITY-ST-ZIP PENSACOLA FL 32503-4350	STREET ADDRESS CITY-ST-ZIP 6000003250056--7 -05/12/00--01030--003
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CR2E003 (9/99)

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.

CHESTER J. STEFAN

SIGNATURE: _____ APR 1 8 2000   380-2929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #