


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # A30569		
1. Entity Name URBAN LEAGUE APARTMENTS, LTD.		

Principal Place of Business 8500 NORTHWEST 25TH AVENUE MIAMI, FL 33147	Mailing Address 8500 NORTHWEST 25TH AVENUE MIAMI, FL 33147
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2. Principal Place of Business	3. Mailing Address
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Suite Apt # etc	Suite Apt # etc
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City & State	City & State
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Zip	Country	Zip	Country
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04082004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0173757	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOUSING DEVELOPMENT CORPORATION
8500 NORTHWEST 25TH AVENUE
MIAMI, FL 33147

7. Name and Address of New Registered Agent

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature of Registered Agent (if applicable)

DATE

9. Capital Contributions
as Shown on record \$507,729.00

10. Amount of Capital Contributions
in FLORIDA to date

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 # NAME STREET ADDRESS CITY - ST - ZIP	N15077 HOUSING DEV. CORP. 8500 N.W. 25TH AVE. MIAMI, FL	STREET ADDRESS CITY - ST - ZIP	U000000156964 05/06/05-80001-008 535.00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	U000000157782 05/06/04-80042-008 535.00
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Days/Mo/Yr

STAPLE CHECK HERE