2000 UNIFORM BUSINESS REPORT (UBR)

|   | <u> </u>                                   |  |        |  | <del>-</del> 1   |
|---|--|--|--------|--|--|
| DOCUMENT # A31544  1. Entity Name   |  |  |        |  | PILED<br>SECRETARY OF STATE<br>DIVISION OF CORPORATIONS        |
| COLONIAL HOUSING PARTNERS, LTD.   |  |  |        | u.   | ,  |
| Principal Place of Business 1551 SANDSPUR ROAD MAITLAND FL 32751  |  | Mailing Address % BROAD AND CASSEL P.O. BOX 4961 ORLANDO FL 32802-4961 |        |  | 00 APR = 4 AM 10: 24   |
| 2. Principal Place of Business  |  | 3. Mailing Address   |        | ===  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |        |  | DO NOT WRITE IN THIS SPACE                                     |
| City & State  |  | City & State   |        |  | 4. FEI Number 59-3030561 Applied For Not Applicable            |
| ·• Zip  | Country Zip Cou                            |  | Countr | у  | 5. Certificate of Status Desired S8.75 Additional Fee Required |
|   | 6. Name and Address of Current F           | Registered Agent   |        |  | 7. Name and Address of New Registered Agent                    |
| •   | . Name                                     |  |        |  |  |
| B & C CORPORATE SERVICES OF CENTRAL<br>FLORIDA, INC.  |  |  |        | Street Address (P.O. Box Number is Not Acceptable) |  |
| 390 NORTH ORANGE AVENUE, SUITE 1100   |  |  |        |  |  |
| ORLANDO FL 32801  |  |  |        | 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.  10. Amount of Capital Contributions in FLORIDA to date.  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#   | A9200000009 CED CAPITAL HOLDINGS I, LTD.   |  | STREE  | TADORESS 1   | EEL CANDERNA DOOD  |
| NAME  |  |  | 011162 | 1  | 551 SANDSPUR KOAD  |
| STREET ADORESS<br>CITY - ST - ZIP   | 2200 LUCIEN WAY, #450<br>MAITLAND FL 32751 |  | СПҮ-5  | ST-ZIP Y   | YAITLAND, PL 32751   |
| DOCUMENT#<br>NAME   |  |  | STREE  | TADDRESS   |  |
| STREET ADDRESS<br>CITY - ST - ZIP   |  |  | CITY-S | ST-ZIP   |  |
| DOCUMENT#<br>NAME   |  |  | STREE  | T ADDRESS  | 4000032037240<br>-04/11/0001030019                             |
| STREET ADDRESS<br>CITY - ST - ZIP   |  |  | СПУ-5  | ST-ZIP   | ****526.25 ****526.25  |
| DOCUMENT#<br>NAME   |  |  | STREE  | T ADDRESS  | h  |
| STREET ADDRESS<br>CITY - ST - ZIP   |  |  | СПУ-8  | ST-ZIP   | / ) //   |
| DOCUMENT #<br>NAME  |  |  | STREE  | TADDRESS   |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |  | CITY-S | ST-ZIP   | \ (\lambda)  |
| DOCUMENT #  |  |  | STREE  | TADORESS   | 411  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |  | CITY-S | ST-ZIP   | 1  |
| 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 |  |  |        |  |  |