<u></u> 8002	: UNIFORM BUS	INESS REPU	PKI (UBK)		
DOCUMENT # A31730 1. Entity Name MANATEE WOODS APARTMENTS, LIMITED PARTNERSHIP					FILED 02 FEB 15 PM 2: 02 SECRETARY OF STATE TALLAHASSEE FLORIDA		
2. Principal Place of Business 3. Mailing Address				1 1961/611 1989 11181 11811 11811 11811 11811 11811 11811 11811 11811 11811 11811 11811 11811 11811			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2002		
City & State		City & State		4. FEI Number	59-3129489	Applied For Not Applicable	
Zip	Country : Zip		Country		5. Certificate of	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name			
B&C CORPORATE SERVICES OF CENTRAL FLA,INC. 390 NORTH ORANGE AVENUE				Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32801				City			
				FL			
8. The above	named entity submits this statement for	r the purpose of changing its	registered	f office or reg	gistered agent, or both	, in the State of Florida.	
CICNIATURE	•						
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable.				DATE	
9. Capital Contributions as Shown on record. \$6,708,472.00 In FLORIDA to date			late.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION E REGISTERED AND ACTIVE WITH THIS OFFICE.		
	NOTE: General Partners MA	Y NOT be changed on t				to change a general partr	
12. GENERAL PARTNER INFORMATION						ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A93000000236 CED CAPITAL HOLDINGS II, LTD. 1551 SANDSPUR RD. MAITLAND FL 32751			T ADDRESS ST-ZIP	6000049607065 -02/20/0201049- <u>-</u> 009		
DOCUMENT #	THE STATE OF THE S			ADDRESS	****526.25 ****526.25		
NAME STREET ADDRESS				ST-ZIP	,		
CITY-ST-ZIP DOCUMENT #				01-71F	BA.		
NAME STREET ADDRESS				ADDRESS	,		
CITY-ST-ZIP				ST-ZIP			
DOCUMENT # NAME			STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP				ST-ZIP			
DOCUMENT # NAME			STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP			
DOCUMENT # NAME			STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP			
						EL 11 OL 11 11 12	All the later was allowed

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

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