2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A31730 FILED 1. Entity Name MANATEE WOODS APARTMENTS, LIMITED 03 APR 14 PM 3: 18 **PARTNERSHIP** SEGNETALYSEESTATE Principal Place of Business Mailing Address TALLAHASSEEFFLORIDA C/O BROAD AND CASSEL 1551 SANDSPUR RD. P.O. BOX 4961 MAITLAND, FL 32751 ORLANDO, FL 32802-4961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 City & State City & State 4. 4. FEI Number Applied For 59-3129489 Not Applicable Zlo Country Zip Country \$8.75 Additional 5. 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. 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.1.O. Box Number is Not Acceptable) ORLANDO, FL 32801 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered and agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE -Signature, typed or primed name of registered agent and title if applicable. CATE MAKE CHECK PAYABLE TO FL. DEPT OF STATE 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record. \$6,708,472.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment mt must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. A93000000236 DOCUMENT # STREET ADDRESS CED CAPITAL HOLDINGS II, LTD. NAME 1551 SANDSPUR RD. STREET ADDRESS CITY-ST-2IP MAITLAND, FL 32751 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP <u>400016217684</u> 04/17/03--01073--020 ***52 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DOCUMENT ! STREET ADDRESS NAME STREET ADDRESS CITY -ST -ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY -ST-ZIP CITY -ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Sectiontion 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 madeade 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 CED CAPITAL HOLDINGS II LID. monaging general partner SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTHER Dayime Phone