

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33486**

1. Entity Name

FORT MYERS, FLORIDA 992 LIMITED PARTNERSHIP

Principal Place of Business

**13000 NORTH CLEVELAND AVENUE
FT. MYERS FL 33903**

Mailing Address

**2355 SOUTH ARLINGTON HEIGHTS RD.. STE. 400
ARLINGTON HEIGHTS IL 60005**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0357862

Applied For

Not Applicable

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

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
STE 105
TALLAHASSEE FL 32301**

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.

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.

\$600,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$ 600,000

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 # **V58911**
NAME **A.P. EQUITIES OF FLORIDA, INC.**
STREET ADDRESS **2355 S. ARLINGTON HEIGHTS RD., SUITE 400**
CITY-ST-ZIP **ARLINGTON HEIGHTS IL 60005**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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:

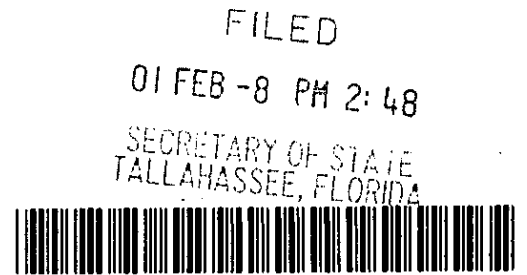
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

By: **AP Equities of Florida, Inc., g.p**

By: **James B. Dale, Sec** 1/12/01

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E003 (11/00)