

2000 UNIFORM BUSINESS REPORT (UBR)

#535

DOCUMENT # A93000000158

1. Entity Name
MYSTIC POINTE APTS. LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB -7 AM 9:47

Principal Place of Business: 5700 SW 34TH ST., SUITE 1307, GAINESVILLE FL 32669
Mailing Address: 20721 SW 46TH AVE., NEWBERRY FL 32669-4714



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 59-3164770
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DAVIS, NORITA V
20721 SW 46TH AVENUE
NEWBERRY FL 32669

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.
SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: **\$10,562,000.00**
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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	DAVIS, RONNIE C 5700 SW 34TH STREET, SUITE 1307 GAINESVILLE FL 32608
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	800003136488--0 -02/15/00--01118--018 ***535.00 ***535.00
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: **RONNIE C. DAVIS, Gen. Partner**
Date: 1/26/00 Daytime Phone #: (352) 472 3952

CR2E003 (9/99)