

2001 UNIFORM BUSINESS REPORT (UBR)

SJS

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DOCUMENT # A93000000158

1. Entity Name
MYSTIC POINTE APTS. LTD.

FILED

01 JAN 29 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**5700 SW 34TH ST., SUITE 1307
GAINESVILLE FL 32669**

Mailing Address
**20721 SW 46TH AVE.
NEWBERRY FL 32669**

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

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

**DAVIS, NORITA V
20721 SW 46TH AVENUE
NEWBERRY FL 32669**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	DAVIS, RONNIE C	STREET ADDRESS	20721 S.W. 46 AVENUE
NAME	5700 SW 34TH STREET, SUITE 1307	CITY-ST-ZIP	Newberry, FL 32669
STREET ADDRESS	GAINESVILLE FL 32608		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000003630830-2
NAME		CITY-ST-ZIP	-02/02/01--01087--014
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CITY-ST-ZIP			

CR2E003 (11/00)

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: RONNIE C. DAVIS **Signature and Typed or Printed Name of Signing General Partner**
Date: 1/19/01 Daytime Phone #: (352) 472-5752