2001	UNIFORM	BUSINESS	REPORT	(UBR
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DOCUMENT # A9300000172 1. Entity Name VALENCIA PARK, LTD.						FILED					
						01 APR 27 PM 6: 20				₽i	
	·				•		1 -	,			
Principal Place of Business Mailing Address 1950 SUMMIT PARK DRIVE 1950 SUMMIT PARK DRIVE				;		TALLA	ETARY OF STAT HASSEE, FLORI	ĎΑ			
SUTIE 300		7		ie 300 Ando fl. 32810							
ORLANDO FL 32810 ORLANDO FL 32810				<u> </u>							
2. Principal Place of Business 3. Mailing Addre		ailing Address	g Address		1100787714	515 (6166 ICIII 8614) 66141 66144 6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Suite, Apt.	#, etc.		Su	uite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE	MJH		
City & Stat	e	· ***	Ci	City & State		4. FEI Number	59-3165050		Applied For Not Applicabl	e	
Zip	:	Country	Zi	0	Coun	try	5. Certificate of	f Status Desired	\$8.75 Fee Rec	Additional quired	
	6. Name	and Address of Current	Registe	red Agent		Name	7. Name and	Address of New Register	red Agent		
BOSCHMANS, ERIC F				Name							
	IMIT PARK [Street Address	(P.O. Box Number	is Not Acceptable)			
SUTIE 300)										
ORLANDO	FL 32810					City			FL Zip	Code	
8. The above	named entity	submits this statement for	r the pu	rpose of changing its	register	ed office or registe	ered agent, or both	, in the State of Florida.			
SIGNATURE .											
		or printed name of registered agent a	and title if a			d Agent signature require	d when reinstating)	11. MAKE CHECK PAY	TE TO DE	PT OF STATE	-
9. Capital Co as Shown	on record.	\$4,400,000.00		in FLORIDA to d	ate.			SEE REVERSE SID	E FOR FEE II		
	A C	ENERAL PARTNER T General Partners MA	HAT IS	A BUSINESS EN be changed on ti	TITY M	UST BE REGIS ; an amendme	TERED AND AC nt must be filed	CTIVE WITH THIS OFF to change a general	FICE. partner.		
12.		GENERAL PARTNER			13.			ADDRESS CHANGES			٦,
DOCUMENT # NAME	P93000011	662 Ordable Housing, II	NC:		STRE	ET ADDRESS					11/0
		MIT PARK DRIVE			CITY	-ST-ZIP					2E003 (11/00)
DOCUMENT #					STR	EET ADDRESS					8
NAME STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP	-	000041 -05/10/01	94 31 0112)37 0013 **526-25	<u>.</u>
DOCUMENT #					STRI	EET ADDRESS		<i>\#\#\#\</i> Q <u>C</u> U\	Z.) 41	***************************************	
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DOCUMENT / NAME					STRI	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP					
14. I hereby	certify that the	information supplied with	this filir	ng does not qualify fo	the exe	mption stated in S	ection 119.07(3)(i)	, Florida Statutes. I furthe that I am a General Partn	r certify that	the information	۱.,