

2002 UNIFORM BUSINESS REPORT (UBR)

0002794 AV

DOCUMENT # **A93000000491**

1. Entity Name

HOMESTEAD HOUSING PARTNERSHIP I, LTD.

FILED

02 FEB 28 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

319 CLEMATIS STREET, SUITE 901
WEST PALM BEACH FL 33401

Mailing Address

319 CLEMATIS STREET, SUITE 901
WEST PALM BEACH FL 33401

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3211856

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFE, LEON J ESQ.
100 SE 2ND STREET
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **The Richman Group of Florida, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

319 Clematis St. #901

City

West Palm Beach

FL

Zip Code

33401

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.

DATE

9. Capital Contributions as Shown on record.

\$2,496,293.00

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 # **P93000063240**
NAME **TACOLCY HHP, INC.**
STREET ADDRESS **645 NW 62ND STREET, SUITE 300**
CITY-ST-ZIP **MIAMI FL 33150**

STREET ADDRESS
CITY-ST-ZIP
200005041918--5

DOCUMENT # **P93000082822**
NAME **THE RICHMAN GROUP OF FLORIDA, INC.**
STREET ADDRESS **319 CLEMATIS STREET, SUITE 901**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

STREET ADDRESS **-03/04/02--01116--002**
CITY-ST-ZIP *****1528.75 ***526.25**

DOCUMENT #
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\$526.25

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)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)