

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000942**

1. Entity Name
FLORIDA CITY APARTMENTS, LTD.

FILED

CO FEB 10 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**C/O GREATER MIAMI NEIGHBORHOODS, INC.
1460 BRICKELL AVE., SUITE 309
MIAMI FL 33131**

Mailing Address
**C/O GREATER MIAMI NEIGHBORHOODS, INC.
1460 BRICKELL AVE., SUITE 309
MIAMI FL 33131-3437**

2. Principal Place of Business
300 NW 12th AVE

3. Mailing Address
300 NW 12th AVE

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33128 Country
USA

Zip
33128 Country
USA

4. FEI Number **65-0516920** 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
~~GREATER MIAMI NEIGHBORHOODS, INC.
1460 BRICKELL AVE., SUITE 309
MIAMI FL 33131~~

7. Name and Address of New Registered Agent
Name
SAL MARTOZANO
Street Address (P.O. Box Number is Not Acceptable)
**C/O. GMN, INC.
300 NW 12th AVE**
City
MIAMI FL Zip Code
33128

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]* **SALVATORE MARTOZANO** DATE **1/28/00**
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. **\$3,932,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$2736,149**

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 #	P93000032625
NAME	GMN AFFORDABLE HOUSING PARTNER IX, INC.
STREET ADDRESS	1460 BRICKELL AVE., SUITE 309
CITY - ST - ZIP	MIAMI FL 33131
DOCUMENT #	N93000001199
NAME	COVENANT COMMUNITY DEVELOPMENT CORPORATION
STREET ADDRESS	500 COLLEGE TERRACE
CITY - ST - ZIP	HOMESTEAD FL 33030
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	300 NW 12th AVE.
CITY - ST - ZIP	MIAMI, FL 33128
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	700003151987--2
CITY - ST - ZIP	-02/29/00--01081--005
STREET ADDRESS	****535.00 ****535.00
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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]* **SALVATORE MARTOZANO** DATE **1/28/00** (305) 324-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone

CR2E003 (9/99)