

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008612 AF

DOCUMENT # **A93000000942**

1. Entity Name  
**FLORIDA CITY APARTMENTS, LTD.**

**FILED**

01 MAY 01 PM 12:07

Principal Place of Business  
**C/O GREATER MIAMI NEIGHBORHOODS, INC.  
300 NW 12TH AVENUE  
MIAMI FL 33128**

Mailing Address  
**C/O GREATER MIAMI NEIGHBORHOODS, INC.  
300 NW 12TH AVENUE  
MIAMI FL 33128**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0516920**

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

7. Name and Address of New Registered Agent

**MARTORANO, SAL  
C/O GREATER MIAMI NEIGHBORHOODS, INC.  
300 NW 12TH AVENUE  
MIAMI FL 33128**

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 \_\_\_\_\_ (NOT) Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$3,932,500.00**

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 #	<b>P93000032625</b>
NAME	<b>GMN AFFORDABLE HOUSING PARTNER IX, INC.</b>
STREET ADDRESS	<b>300 NW 12TH AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33128</b>
DOCUMENT #	<b>N93000001199</b>
NAME	<b>COVENANT COMMUNITY DEVELOPMENT CORPORATION</b>
STREET ADDRESS	<b>500 COLLEGE TERRACE</b>
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>
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	
CITY-ST-ZIP	<b>100004334931--4</b>
	<b>-05/30/01--01098--021</b>
	<b>****535.00 ****535.00</b>
STREET ADDRESS	
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] **4/30/01** **3053245005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)