

**2002 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** A93000000942  
1. Entity Name  
**FLORIDA CITY APARTMENTS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
*W-7/11*  
**02 JUL 11 PM 1:43**

**DO NOT WRITE IN THIS SPACE**

**600006343986--7**  
-07/12/02--01015--001  
\*\*\*\*935.00 \*\*\*\*935.00

2. Principal Place of Business *c/o GMN*  
**300 N.W. 12 Avenue**  
Suite, Apt. #, etc.

3. Mailing Address *c/o GMN*  
**300 N.W. 12 Avenue**  
Suite, Apt. #, etc.

City & State  
**Miami, Florida**

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**Miami, Florida**

Zip **33128** Country **USA**

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**DUE BY MAY 1**

4. FEI Number **65-0516920**  
Applied For Not Applicable

5. Certificate of Status Desired  **Yes** **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Sal Martorano**

Street Address (P.O. Box Number is Not Acceptable)  
**c/o Greater Miami Neighborhoods, Inc.**

**300 N.W. 12 Avenue**

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 \_\_\_\_\_ 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 **\$3,932,500.00**

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		STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	<b>P93000032625</b>		
NAME	<b>GMN Affordable Housing Partner IX, Inc.</b>		
STREET ADDRESS	<b>300 N.W. 12 Avenue</b>		
CITY-ST-ZIP	<b>Miami, FL 33128</b>		
DOCUMENT #	<b>N93000001199</b>		
NAME	<b>Covenant Community Development Corporation</b>		
STREET ADDRESS	<b>300 N.W. 12 Avenue</b>		
CITY-ST-ZIP	<b>Miami, FL 33128</b>		
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

**DO NOT WRITE IN THIS SPACE**

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:** By: *[Signature]* **Sal Martorano, Treasurer** **305-324-5505**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

CR2E003B (12/07)