

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9300000942
 1. Entity Name
 FLORIDA CITY APARTMENTS, LTD.



FILED
 04 APR 29 PM 3:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o GMN Suite, Apt. #, etc. 300 N.W. 12 Avenue City & State Miami, FL Zip 33128		3. Mailing Address c/o GMN Suite, Apt. #, etc. 300 N.W. 12 Avenue City & State Miami, FL 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 <input type="checkbox"/> \$8.75 Additional Fee Required	

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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	
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. I am familiar with, and accept the obligations of registered agent

SIGNATURE: DATE: 4/21/04

9. Capital Contributions as Shown on record. \$3,932,500	10. Amount of Capital Contributions in FLORIDA to date. \$3,932,500	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	STREET ADDRESS	700035794747
NAME	GMN Affordable Housing Partner IX, Inc.	CITY-ST-ZIP	05/10/04-01022-006 **437.50
STREET ADDRESS	300 N.W. 12 Avenue		
CITY-ST-ZIP	Miami, Florida 33128		
DOCUMENT #		STREET ADDRESS	700035794747
NAME		CITY-ST-ZIP	05/10/04-01022-007 **28.75
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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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: DATE: 4/27/04 TIME PHONE #: 305-324-5505

STAPLE CHECK HERE

CR2E003B (12/02)