

2000 UNIFORM BUSINESS REPORT (UBR)

0019247 J

DOCUMENT # A93000001101
1. Entity Name
 SILVERTREE APARTMENTS LIMITED PARTNERSHIP

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

[Handwritten signature]



Principal Place of Business
 C/O HPI PARTNERS III, INC.
 290 KING OF PRUSSIA RD., STE. 122
 RADNOR PA 19087-5111

Mailing Address
 C/O HPI PARTNERS III, INC.
 290 KING OF PRUSSIA RD., STE. 122
 RADNOR PA 19087-5138

2. Principal Place of Business
 2 Gillon Street
 Suite, Apt. #, etc.
 Suite A
 City & State
 Charleston, SC
 Zip
 29401
 Country
 USA

3. Mailing Address
 2 Gillon Street
 Suite, Apt. #, etc.
 Suite A
 City & State
 Charleston, SC
 Zip
 29401
 Country
 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3204631
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MINEGAR, CRAIG ESQ.
 C/O GREENBERG TRAUIG, P.A.
 111 NORTH ORANGE AVE., 20TH FLOOR
 ORLANDO FL 32801

7. Name and Address of New Registered Agent
 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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$1,600,000.00
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 #	F93000004313	STREET ADDRESS	2 Gillon Street, Suite A
NAME	HPI PARTNERS III, INC.	CITY - ST - ZIP	Charleston, SC 29401
STREET ADDRESS	290 KING OF PRUSSIA RD., STE. 122		
CITY - ST - ZIP	RADNOR PA 19087-5111		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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NAME		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]* **3/23/00 843-853-4311**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #