AMENDED

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000099 FP

DOCUMENT # A93000001344

FILED
2003 JUN 10 PM 8:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. Entity Name
BISCAYNE APARTMENTS ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
2000 S. COLORADO BLVD.. TOWER TWO SUITE 2-1000 DENVER CO 80222	2000 S. COLORADO BLVD.. TOWER TWO SUITE 2-1000 DENVER CO 80222

2. Principal Place of Business	3. Mailing Address
4582 S. ULSTER ST. PKWY.	4582 S. ULSTER ST. PKWY.
Suite, Apt. #, etc. SUITE 1100	Suite, Apt. #, etc. SUITE 1100
City & State DENVER	City & State DENVER
Zip 80237 Country US	Zip 80237 Country US

DUE BY MAY 1, 2003

4. FEI Number 65-0405981 ☐ Applied For ☐ Not Applicable

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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,082,796.00		

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 #	A93000001343	STREET ADDRESS	
NAME	RELATED/GMN BISCAYNE, LTD.	CITY-ST-ZIP	4582 S. ULSTER ST. PKWY. *SUITE 1100* DENVER, CO 80237
STREET ADDRESS	2000 S. COLORADO BLVD., TOWER TWO		
CITY-ST-ZIP	DENVER CO 80222		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	300020777973 06/11/03--01027--012 **12075.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003 (10/02)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CHAD ASARCH, on behalf of RELATED/GMN BISCAYNE, LTD. 6/4/03 303-757-8101
Date Daytime Phone #