2000 UNIFORM BUSINESS REPORT (UBR) A95000000230 DOCUMENT # 1. Entity Name FILED DECADE GULFCOAST: APARTMENTS: LIMITED PARTNERSHIP 00 JAN 18 AM 11: 22 Principal Place of Business Mailing Address SECRETARY OF STATE 250 PATRICK BOULEVARD. SUITE 140 240 BAYSIDE DRIVE CLEARWATER BEACH FL 34630 **BROOKFIELD WI 53045-5826** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4, FEI Number City & State 58-2158704 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLORIDA - LAWDOCK, INC. Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVENUE, 4TH FLOOR WEST PALM BEACH FL 33402-3188 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$7,500,00 7,500 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION Cilias Shown on record: 5.2% 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # STREET ADORESS J K INVESTMENTS OF CLEARWATER, INC. 1920. NAME (COLOR) STREET ADDRESS 240 BAYSIDE DRIVE CITY-ST-782 33767-2503 CITY-ST-ZIP CLEARWATER BEACH FL 34630-2503 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-79 903137150--01/24/00--01003--023 DOCUMENT# STREET ADDRESS NAME ****141.25 ****141.25 STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE: By:

CITY-ST-ZIP

01/10/00

262-792-9200