## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # A95000000542 **FILED** 1. Entity Name FEB -9 -PM 4::55 N.Y. STATE APARTMENT BUILDERS I. LTD. -SECRETARY OF STATE Principal Place of Business TALLAHASSEE, FLORIDA Mailing Address 1551 SANDSPUR ROAD P.O. BOX 4961 MAITLAND FL 32751 ORLANDO FL 32802-4961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3307079 Not Applicable Zip Country Country \$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 **B&C CORPORATE SERVICES OF CENTRAL FLA, INC** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO FL 32801 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) DATE 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT, OF STATE \$6,953,601.92 as Shown on record. in FLORIDA to date 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 ADDRESS CHANGES ONLY A94000001674 DOCUMENT # STREET ADDRESS CED CAPITAL HOLDINGS VI, LTD. NAME 1551 SANDSPUR ROAD STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME 000003708430 STREET ADDRESS -02716701--01145--009 CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-2#P CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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