

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001707**

1. Entity Name

LATELL CROIX APARTMENTS, LTD.

Principal Place of Business

Mailing Address

1901 LINHART #10  
FT. MYERS FL 33901

1901 LINHART #10  
FT. MYERS FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED

02 MAR 14 PM 12: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MMJ



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2002	
City & State		City & State		4. FEI Number	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LATELL, FRANK A 1901 LINHART #10 FT. MYERS FL 33901</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> 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.

DATE

9. Capital Contributions as Shown on record.	<b>\$667,636.20</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO 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	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LATELL, FRANK A PEPPERTREE APTS MANAGER, 3207 BROADWAY #77 FT. MYERS FL 33901	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P95000082067 CROIX APARTMENTS OF LEE COUNTY, INC. PEPPERTREE APTS MANAGER, 3207 BROADWAY #77 FT. MYERS FL 33901	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>300005169953--3 -03/26/02--01066--026 ****526.35 ****526.35</b>
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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: ✓

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

830902 82884235

Daytime Phone #

0014545 AT

CR2E03 (9/01)