2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # A9600000975 1. Entity Name SER GARDENWOOD, LTD.				EILED SEGRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place of Business % AFFIRMATIVE MANAGEMENT. INC. 5850 T.G. LEE BLVD., SUITE 345 ORLANDO FL 32822		Mailing Address * AFFIRMATIVE MANAGEMENT, INC. 5850 T.G. LEE BLVD SUITE 345 ORLANDO FL 32822-4412		NC.	00 APR 17 PM 6: 16
2. Principal P	lace of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State	9	City & State	-		4. FEI Number 59-3392246 Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered Agent
JUBELT, PAUL C 5850 T.G. LEE BLVD., SUITE 345 ORLANDO FL 32822				Name Street Addres City	ss (P.O. Box Number is Not Acceptable) FL Zip Code
9. Capital Coas Shown of	on record. A GENERAL PARTNER	10. Amount of Cap in FLORIDA to	tal Contri date.	ibutions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION SISTERED AND ACTIVE WITH THIS OFFICE. Then must be filed to change a general partner.
12.			13.		ADDRESS CHANGES ONLY
DOCUMENT // NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION F96000002485 SOUTHEAST RESIDENTIAL CORP. 120 WOOSTER STREET NEW YORK NY 10012		STR	EET ADORESS 7-ST-ZIP	ADDITESS OF INFOCE OFFEE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP	13K1 25
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NAME STREET ADORESS CITY'S ST-ZIP				/-ST-ZIP	
indicated	certify that the information supplied wi on this report is true and accurate an err or trustee empowered to execute the	d that my signature shall hay	/e the sam	ie legal effect as i	n Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership or