

2000 UNIFORM BUSINESS REPORT (UBR)

C002640 AF

DOCUMENT # A96000000982

1. Entity Name
SER RIDGE POINT, LTD.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 PM 6:19



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3392255 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JUBELT, PAUL C
% AFFIRMATIVE MANAGEMENT, INC.
5850 T.G. LEE BLVD., SUITE 345
ORLANDO FL 32822

7. Name and Address of New Registered Agent

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.

SIGNATURE Paul C. Jubelt [Signature] 3/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$200.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE 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	13. ADDRESS CHANGES ONLY
DOCUMENT # F96000002485 NAME SOUTHEAST RESIDENTIAL CORP. STREET ADDRESS 120 WOOSTER STREET CITY-ST-ZIP NEW YORK NY 10012	STREET ADDRESS 300003229109--9 -04/28/00--01031--017 CITY-ST-ZIP ****141.25 ****141.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <u>[Signature]</u> <u>4/25</u>
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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 REQUIRED** 3/30/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)