2001 UNIFORM BUSINESS REPORT (UBR)

000283 AF

DOCUMENT # A96000000982

1. Entity Name

SER RIDGE POINT, LTD.

FILED
01 MAY -1 PM 5:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% AFFIRMATIVE MANAGEMENT, INC. 5850 T.G. LEE BLVD., SUITE 345 ORLANDO FL 32822	% AFFIRMATIVE MANAGEMENT, INC. 5850 T.G. LEE BLVD., SUITE 345 ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE AJH

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3392255 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JUBELT, PAUL C % AFFIRMATIVE MANAGEMENT, INC. 5850 T.G. LEE BLVD., SUITE 345 ORLANDO FL 32822	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 1/12/01
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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$200.00		

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	STREET ADDRESS	
NAME	SOUTHEAST RESIDENTIAL CORP.	CITY-ST-ZIP	600004274516--0
STREET ADDRESS	120 WOOSTER STREET		-05/21/01--01161--012
CITY-ST-ZIP	NEW YORK NY 10012		****141.25 ****141.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
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

SIGNATURE: SIGNATURE REQUIRED 4/25/01 212-925-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)