

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002229

1. Entity Name

RISLAKE APARTMENTS LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

501 116th Avenue North

Suite, Apt. #, etc.

3. Mailing Address

24500 Chagrin Blvd. #200

Suite, Apt. #, etc.

#200

City & State

St. Petersburg, Florida

City & State

Beachwood, Ohio

Zip

33716

Country

Pinellas

Zip

44122

Country

Cuyahoga

4. FEI Number

59-3413992

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

7. Name and Address of Current Registered Agent

Name

William B. Risan

Street Address (P.O. Box Number is Not Acceptable)

501 116th Avenue North

City

St. Petersburg

FL

Zip Code

33716

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.

February 28, 2002

DATE

9. Capital Contributions

as Shown on record.

\$246,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

\$246,000.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

Risklake General Partner Corporation
501 116th Avenue North
St. Petersburg, FL 33716

STREET ADDRESS

CITY-ST-ZIP

100005108201--3

-03/14/02-01054-022

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

***685.00 ***526.25

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE

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STREET ADDRESS

CITY-ST-ZIP

IN THIS SPACE

DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

\$535.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this report 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

Robert G. Risan, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

February 28, 2002 (216) (464) 5130

Date

Daytime Phone #

CRZE003B (12/01)

STAPLE CHECK HERE