2002 UNIFORM BUSINESS REPORT (UBR)

LF.

0010178 AT

DOCUMENT # A97000000254

1. Entity Name

SUGAR HILL APARTMENTS, LTD.

FILED
02 APR 22 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8500 N.W. 25 AVENUE MIAMI FL 33147	8500 N.W. 25 AVENUE MIAMI FL 33147

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

DUE BY MAY 1, 2002

4. FEI Number NOT APPLICABLE — 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
WASHINGTON, LYNN C % HOLLAND & KNIGHT 701 BRICKELL AVE., SUITE 3000 MIAMI FL 33147	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

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
$100.00		

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 #	714512	STREET ADDRESS	
NAME	THE URBAN LEAGUE OF GREATER MIAMI, INC	CITY-ST-ZIP	
STREET ADDRESS	8500 N.W. 25 AVENUE		
CITY-ST-ZIP	MIAMI FL 33147		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	700005420047--5
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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] NOT REQUIRED 02/22/02 (305)696-4450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/01)