2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001173

1. Entity Name

ADRIAN HOME COMMUNITIES AT EAGLE COVE, LTD.

FILED
00 MAY -2 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% ADRIAN HOME COMMUNITIES AT EAGLE COVE. I 2460 SW 137TH AVE., SUITE 226 MIAMI FL 33175	% ADRIAN HOME COMMUNITIES AT EAGLE COVE. I 2460 SW 137TH AVE., SUITE 226 MIAMI FL 33175-8803

DO NOT WRITE IN THIS SPACE

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 65-0755441 ☐ 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
A & P REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 226 MIAMI FL 33175	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 _____ (NOTE: Registered Agent signature required when reinstating) 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
$700,000.00		

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 #	P97000031345	STREET ADDRESS	
NAME	ADRIAN HOME COMMUNITIES AT EAGLE COVE, INC	CITY-ST-ZIP	
STREET ADDRESS	2460 SW 137TH AVE., SUITE 238		
CITY-ST-ZIP	MIAMI FL 33175		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500003238805--5
STREET ADDRESS			-05/03/00--01157--008
CITY-ST-ZIP			****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
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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: X SIGNATURE REQUIRED 4/27/00 (305)221-15X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #