

2000 UNIFORM BUSINESS REPORT (UBR)

Y 132/000

DOCUMENT # **A97000001262**

APPROVED AND FILED

1. Entity Name
ESKO-GLEN OAKS AFFORDABLE HOUSING, LTD.

00 APR 11 PM 12:22

Principal Place of Business
340 ROYAL POINCIANA WY. SUITE 305
PALM BEACH FL 33480

Mailing Address
340 ROYAL POINCIANA WY. SUITE 305
PALM BEACH FL 33480-4094

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



[Handwritten signature]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0790401

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HAMLIN, CURTIS D ESQ.
HARLEE PORGES HAMLIN KNOWLES BALD & PROUT
1205 MANATEE AVENUE WEST
BRADENTON FL 34205**

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 _____
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.

\$4,653,608.00

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 # **A97000001827**
NAME **ALLIANT CAPITAL, LTD.**
STREET ADDRESS **340 ROYAL POINCIANA WY, SUITE 305**
CITY - ST - ZIP **PALM BEACH FL 33480**

STREET ADDRESS

CITY - ST - ZIP

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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:

[Handwritten Signature]
JAMES C. JENKINS

561-833-4211

VICE PRESIDENT OF ALLIANT INC. (GP of ALLIANT CAPITAL, LTD.)

Daytime Phone #

CR2E003 (9/99)