## 2000 UNIFORM BUSINESS REPORT (UBR) APPROVED A97000001311 DOCUMENT # 1. Entity Name 00 MAR 20 PM 12: 51 FOUNTAINHEAD APARTMENTS-NATIONAL, LTD. SECRETARY OF STATE TATI AHASSEL FLURIDA Principal Place of Business Mailing Address 280 PARK AVENUE, EAST BUILDING, 20TH FLOOR C/O FOUNTAINHEAD APARTMENTS NEW YORK NY 10017-1216 417 FOUNTAINHEAD CIRCLE KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country \$8.75 Additional Ζip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUILDER, J. LINDSAY JR. Street Address (P.O. Box Number is Not Acceptable) C/O GRAHAM, CLARK, JONES, BUILDER, PRATT Pine 369 N. NEW YORK AVENUE, 3RD FLOOR WINTER PARK FL 32789 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. CHARLES W. MEYER ASSISTANT SECRETARY MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions \$10,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date \$ 10,000 as Shown on record. 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. P97000051562 DOCUMENT # STREET ADDRESS FOUNTAINHEAD, INC. NAME 280 PARK AVENUE, EAST BLDG., 20TH FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10017 CITY-ST-ZIF uu<u>u 196289--</u>-DOCUMENT# STREET ADDRESS -04/05/00--01014--007 NAME \*\*\*\*158.75 \*\*\*\*158.75 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZW DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CfTY - 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

DOCUMENT#

CITY- TT-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Davtime Phone #