2001	<b>UNIFORM</b>	<b>BUSINESS</b>	<b>REPORT</b>	(UBR)
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DOCUMENT # A97000002218  1. Entity Name								N	15271 AF
IS V GREENBRIAR ASSOCIATES, LTD.					FILED				.,
Principal Place of Business Mailing Address  C/O BASIC CAPITAL MANAGEMENT. INC.  10670 N CENTRAL EXPRESSWAY. SUITE 600  DALLAS TX 75231  Mailing Address  C/O BASIC CAPITAL MANAGE  10670 N CENTRAL EXPRESSW  DALLAS TX 75231			GEMENT, INC. SECR		AR 16 AM ETARY OF S HASSEE, FL	TATE ORIDA		1 1101 <b>0</b> 14 <b>10</b> 1 1 <b>10</b> 1 111 1 <b>1</b>	i
2. Principal Place of Business  1800 Valley View lane  Suite, Apt. #, etc.  3. Mailing Address  1800 Valley V  Suite, Apt. #, etc.			/iew lane		DO NOT WRITE IN THIS SPACE				
City & Stat	e as, TX	City & State Dallas, TX		4. FEI Number 75-2731096			Applied For Not Applica		
<sup>Zip</sup> 752	Country Dallas	<sup>Zip</sup> 75234	Coun	try Dallas	5. Certificate o	f Status Desired		8.75 Additional ee Required	
	6. Name and Address of Current F	egistered Agent		Name -	7. Name and A	Address of New R	egistered Ag	ent	<u> </u>
C T COPP	ODATION SYSTEM			Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Address (P.O. Box Number is Not Acceptable)					_	
				City	<del></del>	·		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registere			FL						
	,								
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	legistere	d Agent signature required	when reinstating)		DATE		
9. Capital Contributions as Shown on record. \$990.00   10. Amount of Capital Contributions in FLORIDA to date. \$990					<del></del>	SEE REVERS	E SIDE FOR	O DEPT. OF STATE FEE INFORMATION	
•	A GENERAL PARTNER TH NOTE: General Partners MAN							er.	
12.	GENERAL PARTNER	INFORMATION	13.			ADDRESS CHA	NGES ONLY		ゴ。
NAME	ART FLORIDA PARTNERS II, INC.		EET ADDRESS	<u>1800 Valle</u>	y View La	ne	·	R2E003 (11/00)	
	DALLAS TX 75231		CITY	-ST-ZIP	Dallas, TX	75234		· <u> </u>	
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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  Robert A. Waldman, Secretary									
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayling Phone #									