

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 NOV 12 AM 11:04

1. Name of Limited Partnership

1a. DOCUMENT #  
A97000002620

CAPREIT BRADEN LAKES LIMITED PARTNERSHIP



Mailing Address

% CAPREIT, INC.  
11200 ROCKVILLE PIKE. 4TH FLOOR  
ROCKVILLE MD 20852

Principal Office Address

% CAPREIT, INC.  
11200 ROCKVILLE PIKE. 4TH FLOOR  
ROCKVILLE MD 20852

3. Date Formed or Registered

12/03/1997

5a. Capital Contributions as  
Shown on record.

\$99.00

3a. Date of Last Report

12/31/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

\$99.00

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number 52-2065903

APPLIED FOR

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

The Prentice-Hall Corporation System Inc

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, etc.

City

Tallahassee

FL

Zip Code

32301

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

*By: Sheela R. Henderson*

DATE 11-9-98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

CAPREIT OF BRADEN LAKES, INC

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11200 ROCKVILLE PIKE,

11b. City, State & Zip Code

ROCKVILLE MD 20852

11c. Registration/  
Document Number

F97000006379

400002691954--4  
-11/19/98--01090--001  
\*\*\*\*150.00 \*\*\*\*150.00

By  
11/12/98

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*By: Bruce A. Exposito*

SIGNATURE

DATE 10/30/98

Typed or Printed Name of General Partner Signing Form

Bruce A. Exposito

Daytime Telephone Number (301) 231-8700

CR2E003 (9/98)