

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

02 APR 30 PM 6:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A 97000002620

1. Entity Name

CAPREIT Braden Lakes Limited Partnership

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11200 Rockville Pike

Suite, Apt. #, etc.

Suite 100

City & State

Rockville, MD

Zip

20852

Country

3. Mailing Address

11200 Rockville Pike

Suite, Apt. #, etc.

Suite 100

City & State

Rockville, MD

Zip

20852

Country

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

4. FEI Number

52-2065903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301-2525

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.

Title

9. Capital Contributions

as Shown on record.

\$99

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

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

F97000006379  
CAPREIT of Braden Lakes, Inc.  
11200 Rockville Pike Suite 100  
Rockville, MD 20852

STREET ADDRESS

CITY - ST - ZIP

2000005601568-1

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

05/18/02 01007-020  
\*\*\*2080.00 \*\*\*141.25

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

FF 8/4/26

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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)(ii), 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:

Eugene H. Goodsell

Eugene H. Goodsell

4/19/02

301-231-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Telephone

CR2E003B (12/01)