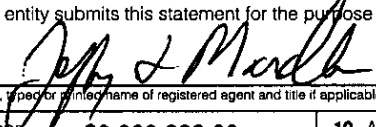
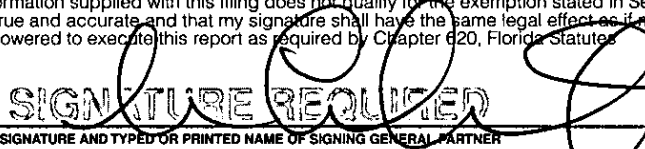



# 2001 UNIFORM BUSINESS REPORT (UBR)

0006274 AF

<b>DOCUMENT # A97000002880</b>			
1. Entity Name <b>HARBOUR ISLAND APARTMENT ASSOCIATES, LTD.</b>			
Principal Place of Business <b>2600 E. COMMERCIAL BOULEVARD, SUITE 200 FORT LAUDERDALE FL 33303</b>		Mailing Address <b>2600 E. COMMERCIAL BOULEVARD, SUITE 200 FORT LAUDERDALE FL 33303</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<del>BERMAN WOLFE RENNERT VOGEL &amp; MANDLER, P.A.</del> <del>100 SOUTHEAST SECOND STREET, SUITE 3500</del> <del>MIAMI FL 33131-2130</del>		Name <b>Registered Agents of Florida, LLC</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>100 Southeast Second Street</b>	
		Suite <b>Suite 3500</b>	
		City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Jeffrey Mandler, VP <small>(NOTE: Registered Agent signature required when reinstating)</small>	
9. Capital Contributions as Shown on record. <b>\$3,200,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # <del>572226</del> NAME <del>M.L. PROPERTY MANAGEMENT, INC.</del> STREET ADDRESS <del>2600 E COMMERCIAL BOULEVARD</del> CITY-ST-ZIP <del>FORT LAUDERDALE FL 33308</del>		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # <del>P95000049362</del> NAME <del>WESTON KENDALL CORP.</del> STREET ADDRESS <del>7-11 SOUTH BROADWAY, SUITE #200</del> CITY-ST-ZIP <del>WHITE PLAINS NY 10601</del>		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # <del>572226</del> NAME <del>M.S.L. Property Management, Inc.</del> STREET ADDRESS <del>2600 E. Commercial Blvd., Suite 200</del> CITY-ST-ZIP <del>Ft. Lauderdale, FL 33308</del>		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	
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)(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: 		Secretary of GP, 1/23/01 (954) 491-4511 Sheldon Liebowitz	

**FILED**  
**01 MAR -5 AM 8 54**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  


DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)