2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name	A98000000788
OKEEHEELEE APARTMEN	nt Partners, Ltd.

Principal Place of Business 11300 FOURTH STREET NORTH, SUITE 200 Mailing Address

ST. PETERSBURG FL 33716-2940

11300 FOURTH STREET NORTH. SUITE 200 ST. PETERSBURG FL 33716-2940

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SECRETARY OF STATE-TABLAHASSEE, FLORIDA

Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1.	DUE BY MAY 1, 2002			
City & State		City & State			4. FEI Number	^{ber} 59-350082 1			Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of	of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent					
OKEEHEELEE APARTMENTS, INC. 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG FL 33716-2940			Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip C	Code
8. The above named ent	ity submits this statement for	the purpose of changing	g its register	ed office or registe	ered agent, or both,	in the State of Flori	da.		
SIGNATURE	d or printed name of registered agent a	and title if applicable.					DATE		
9. Capital Contributions as Shown on record.	\$2,650,000.00		Amount of Capital Contributions in FLORIDA to date.			11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
ΑΑ	GENERAL PARTNER T	HAT IS A BUSINESS	ENTITY W	IUST BE REGIS	STERED AND AC	TIVE WITH THIS	S OFFICE		

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. P98000028336 DOCUMENT # STREET ADDRESS OKEEHEELEE APARTMENTS, INC. NAME 11300 FOURTH STREET NORTH, SUITE 200 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33716-2940 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME **未来来525.25** *****っとり。とう STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREE ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

3/18/02

(727) 577-9197

Daytime Phone #