2000 UNIFORM BUSINESS REPORT

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DOCUMENT # A9800000886 1. Entity Name					FILED 00 FEB 15 AM 10: 29					
ANDOVER PLACE APARTMENTS LIMITED PARTNERSHIP										
Principal Place of Business 10202 ALTAVISTA AVENUE TAMPA FL 33647		Mailing Address C/O SETINEL REAL ESTATE CORPORATION 666 FIFTH AVENUE NEW YORK NY 10103-0001		SECRETARY OF STATE TALLAHASSEE. FLORIDA						
	•	HEN TOTAL TO TOTAL OCCUPA								
2. Principal Place of Business 3. Mailing Addres		3. Mailing Address			- 1 (08:00) 18:00 (00:00 (30:00 09:00) 80:00 80:00 80:00 80:00 (4(8) 19:00 09:00 1					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	59-3503743		Applied For		
Zip Country		Zip Country		ntry	5. Certificate of Status Desired See Required					
	6. Name and Address of Comment	Bouletored Agent		Т	7 Name and 6	ddroop of Now Po		-		
!	6. Name and Address of Current	registereu Agent		Name	7. Name and A	Address of New Re	Proresen with	710	\dashv	
C T CORPORATION SYSTEM										
1200 SOUTH PINE ISLAND ROAD			Street Addres		(P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324										
				City FL Zip Code				Zip Code	_	
8. The above	named entity submits this statement for	r the purpose of changing its r	egister	ed office or register	red agent, or both	in the State of Florid	da.			
SIGNATURE .	Signature, typed or printed name of registered agent a			ed Agent signature required	d when reinstating)	-	DATE			
9. Capital Co as Shown	on record.	10. Amount of Capita in FLORIDA to da	ic.	4111	00.00		SIDE FOR F	DEPT. OF STATE EE INFORMATION		
•	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS ENT Y NOT be changed on the	ITY M	IUST BE REGIST	TERED AND AC	TIVE WITH THIS	OFFICE.	r.		
12.	GENERAL PARTNER		13.	i, an amendine		ADDRESS CHAN		<u> </u>	\dashv	
DOCUMENT#	P9800030508 ANDOVER PLACE APARTMENTS, IN C.		1						CR2E003 (9/99)	
NAME			STR	EET ADDRESS						
STREET ADDRESS CITY - ST - ZIP	666 FIFTH AVENUE NEW YORK NY 10103		CITY	'-ST-ZIP	7000031481370					
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14 I bereby s	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute this	this filing does not qualify for that my signature shall have the s report as required by Chapte	the exe ne same er 620,	emption stated in Se e legal effect as if n Florida Statutes	ection 119.07(3)(i), nade under oath; t	Florida Statutes. I fi hat I am a General I	urther certify Partner of the	that the information limited partnership	o or	

SIGNATURE:

1 10 00 Date

(212)408-2900 Daytime Phone #