

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001761

1. Entity Name

VICTORIA POINTE VENTURE LIMITED PARTNERSHIP

Principal Place of Business

1177 S.E. THIRD AVE.
FORT LAUDERDALE FL 33316-1197

Mailing Address

1177 S.E. THIRD AVE.
FORT LAUDERDALE FL 33316-1109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0851990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S ESQ.
1177 S.E. THIRD AVE.
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

2A. Filed 5-2-00
9,523,461

10. Amount of Capital Contributions
in FLORIDA to date.

9 523 461

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 # P98000062362
NAME AMERICAN APT. COMMUNITIES VICTORIA PT., INC
STREET ADDRESS 1175 S.E. 3RD AVENUE
CITY - ST - ZIP FORT LAUDERDALE FL 33316

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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

Amer. Apt. Comm. Victoria Pointe, Inc. Gary Kendrick, V.P.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-24-00

Date

859-263-4000

Daytime Phone #

FILED
00 MAY -2 PM 4: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)