2000	UNIFOR	RM BUSIN	IESS REPOI	RT (UBF	<b>?</b> )	) v	·	v^ <u>2</u>	er v
DOCUMENT # A9800001789  1. Entity Name WYNWOOD TOWER APARTMENTS, LTD.						FILED			
Principal Place of Business  4469 BRICKELL AVE., STE. 309  MIAMI FL 33131  MIAMI FL 33131-3437				309		SE TAL	CRETARY LAHASSEI	OF STATE E. FLORID	A
2. Principal P	lace of Business	th Ave	3. Mailing Address	1)					
Suite, Apt.	12th 1	νE.	DO NOT WRITE IN THIS SPACE						
Zip 2 2	Country	4. FEI Number Applied For Not Applied For Not Applicable  5. Cartificate of Status Registed \$8.75 Additional							
<u> </u>	S Name and Ac	USA   Idress of Current Re	33 128	USA			f Status Desired	Fe Fe	e Required
WASHING C/O HOLL 701 BRIGI MIAMI FL	Street A	5 A 300	CERVER NW	ARTO	2917 19 NE161 10	Aboxhoods			
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE Signature of the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE Signature required when reinstating DAZ  9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.									
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.	P98000066051	ENERAL PARTNER IN	FORMATION	13.				HANGES ONLY	
DOCUMENT // NAME . STREET ADDRESS .	GMN-WYNWOOL	STREET ADDRESS	3	00	<u>nw _</u>	12th	AUE. 3128		
CITY-ST-ZIP	MIAMI FL 33131 P98000066055	CITY-ST-ZIP		MAN	71, 7	Z/ 3	3128		
DOCUMENT# NAME	ANI-WYNWOOD, 2665 SOUTH BA	STREET ADDRESS	<u></u>						
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33133	CITY-ST-ZIP							
DOCUMENT#_ NAME	<del></del>	, 		STREET ADDRESS	<u>-</u>	· •		· 44	
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP *		61.	-02/2	5/0001	101021
DOCUMENT#				STREET ADDRESS			*************************************	150.00	****1 <del>58.88</del>
STREET ADDRESS				CTTY-ST-ZIP					
DOCUMENT#				STREET ADDRESS					
STREET ADDRESS	,			CITY~ST-ZIP					
DOCUMENT#	<u> </u>	<u></u>		STREET ADDRESS	_				
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

SIGNATURE:

SIGNATURE:

305)3245505

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER