

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE:  
AND  
FILED

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AV

DOCUMENT # **A98000001789**

1. Entity Name

**WYNWOOD TOWER APARTMENTS, LTD.**

02 APR 15 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**9400 SOUTH DADELAND BLVD., SUITE 100** **9400 SOUTH DADELAND BLVD., SUITE 100**  
**MIAMI FL 33156** **MIAMI FL 33156**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0879459**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DUE BY MAY 1, 2002**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDONOUGH, BRIAN J**  
**2200 MUSEUM TOWER**  
**150 WEST FLAGLER STREET**  
**MIAMI FL 33130**

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

DATE

9. Capital Contributions  
as Shown on record.

**\$11,597,990.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000066051**  
NAME **GMN-WYNWOOD, INC.**  
STREET ADDRESS **300 NW 12TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33128**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **P98000066055**  
NAME **ANI-WYNWOOD, INC.**  
STREET ADDRESS **9400 SOUTH DADELAND BLVD., SUITE 100**  
CITY-ST-ZIP **MIAMI FL 33156**

STREET ADDRESS

CITY-ST-ZIP

**700005293687--2**

**-04/18/02--01088--019**

**\*\*\*\*\*535.00 \*\*\*\*\*535.00**

DOCUMENT #  
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CITY-ST-ZIP

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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 *David Deutch*

*4/10/02*

*(850) 854-7100*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CF2E003 (9/01)