2001	UNIF	ORM	BUSINESS	REPORT	(UBR
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DOCU	MENT # A9800	0001856	FILED *	
,	DE LHC, LTD.		01 MAY -1 PM 5: 25	
Principal Place of Business Mailing Address 4830 WEST KENNEDY BLVD SUITE 740 4830 WEST KENNEDY BLVD TAMPA FL 33609 TAMPA FL 33609		SUITE 740	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Suite, Apt	Place of Business 4890 W. Kennedy Boulevard #, etc. Suite #850 Fampa, Florida 33609-1863 CountryUSA			DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3528805 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent
	6. Name and Address of Current I	registered Agent	Name	7. Name and Address of New Registered Agent
ROSS, SAMUEL K 4830 WEST KENNEDY BLVD., SUITE 740 TAMPA FL 33609			Street Address (P.O. Box Number is Not Acceptable) 4890 W. Kennedy Boulevard Suite #850 City Tampa FL 33609-1863	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE Re	gistered Agent signatur	registered agent, or both, in the State of Florida. DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE
9. Capital Co as Shown	on record.	10. Amount of Capita C in FLORIDA to date.		493, 431. SEE REVERSE SIDE FOR FEE INFORMATION
	NOTE: General Partners MA	Y NOT be changed on the	orm; an amer	REGISTERED AND ACTIVE WITH THIS OFFICE. ndment must be filed to change a general partner.
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	P95000000503 URBAN PROPERTIES OF CALIFOR 4830 WEST KENNEDY BLVD., SUI TAMPA FL 33609	RNIA, INC.	STREET ADDRESS CITY-ST-ZIP	ADDRESS CHANGES ONLY 4890 W. Kennedy Blvd. #850 Tampa, Florida 33609-1863 22
DOCUMENT #			STREET ADDRESS	CR2
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	300004215253 5 -05/14/0101106007 ****612.84 *****535.00
DOCUMENT # NAME			STREET ADDRESS	****612.84 ****535.00
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NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT # NAME			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP	
14. I hereby of indicated the receive	certify that the information supplied with on this report is true and accurate and it ver or trustee empowered to execute this	this filing does not qualify for the hat my signature shall have the report as required by Chapt in 6	exemption state same legal effec 320, Florida Statu	ted in Section 119.07(3)(i), Florida Statutes, I further certify that the information of the similar partnership or lutes

Samuel K. Ross

4.25.200| Date

813 - 286 - 4140 Daytime Phone #