

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002185**

1. Entity Name

WOODCREEK APARTMENTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -8 PM 4: 35



DO NOT WRITE IN THIS SPACE

Principal Place of Business 912 NORTH HIGHLAND AVENUE ORLANDO FL 32803	Mailing Address 912 NORTH HIGHLAND AVENUE ORLANDO FL 32803-3205
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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 59-3537882	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BASQUE, JAMES F
1637 EAST VINE STREET, SUITE E
KISSIMMEE FL 34744**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$3,914,700.00	10. Amount of Capital Contributions in FLORIDA to date. 3,914,700.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P98000080001	NAME WOODCREEK APARTMENTS, INC.	STREET ADDRESS	500003136445--3 -02/15/00--01118--006 ****535.00 ****535.00
STREET ADDRESS 912 NORTH HIGHLAND AVENUE	CITY - ST - ZIP ORLANDO FL 32803	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
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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

SIGNATURE: *Wayne Rich* **2-3-00** **407-649-4205**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)