

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM****Secretary of State****DOCUMENT # A98000002185**1. Entity Name
WOODCREEK APARTMENTS, LTD.

Principal Place of Business	Mailing Address
912 NORTH HIGHLAND AVENUE	912 NORTH HIGHLAND AVENUE
ORLANDO FL 32803	ORLANDO FL 32803

2. Principal Place of Business	3. Mailing Address
1637 E VINE STREET	1637 E VINE STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
KISSIMMEE FL	KISSIMMEE FL
Zip	Zip
34744	34744
Country	Country

4. FEI Number
59-3537882Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BASQUE JAMES F
1637 EAST VINE STREET, SUITE E

KISSIMMEE FL
34744 US7. 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 _____ DATE **04/19/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)9. Capital Contributions
as Shown on record. 3,914,700.0010. 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**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 #	
NAME	WOODCREEK APARTMENTS, INC.
STREET ADDRESS	912 NORTH HIGHLAND AVENUE
CITY-ST-ZIP	ORLANDO FL 32803
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	1637 E VINE STREET
CITY-ST-ZIP	KISSIMMEE FL 34744
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

SIGNATURE: Thomas N. Tompkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

V 04/19/2001

Date Daytime Phone #

CR2E003 (11/00)