

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002185**

1. Entity Name
WOODCREEK APARTMENTS, LTD.

FILED
Apr 19, 2001 08:00 AM
Secretary of State

Principal Place of Business		Mailing Address	
912 NORTH HIGHLAND AVENUE		912 NORTH HIGHLAND AVENUE	
ORLANDO	FL	ORLANDO	FL
32803		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	Country	Zip	Country
34744		34744	

4. FEI Number	Applied For
59-3537882	Not Applicable

5. Certificate of Status Desired **\$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 US			

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 **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. **3,914,700.00** 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**

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 #	WOODCREEK APARTMENTS, INC.	STREET ADDRESS	1637 E VINE STREET
NAME	912 NORTH HIGHLAND AVENUE	CITY-ST-ZIP	FL 32803
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: **Thomas N. Tompkins**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

V 04/19/2001

Date

Daytime Phone #

CR2E003 (11/00)