

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002435

1. Entity Name
AZALEA PLACE APARTMENTS, LIMITED



FILED

03 APR 30 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

622 BANYAN BLVD.
WEST PALM BEACH, FL 33401
50 HURT PLAZA Ste. 300
Atlanta, GA 30303

Mailing Address

P.O. BOX 4961
ORLANDO, FL 32802

2. Principal Place of Business

422 7th Street
Suite, Apt. #, etc.
City & State
West Palm Beach, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number

65-0882803

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

B&C CORP. SERVICES OF CENT. FLA., INC.
390 NORTH ORANGE AVE., SUITE 1100
ORLANDO, FL 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions

as Shown on record. \$3,636,193.00

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P98000079640
NAME CDC AZALEA GP, L.L.C.
STREET ADDRESS 60 HURT PLAZA STE. 300
CITY-ST-ZIP ATLANTA, GA 30303

DOCUMENT #
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CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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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 and typed or printed name of signing general partner
Kum C Key, Agent for CDC Azalea GP, LLC 4-23-03 404-724-3643

Date

Daytime Phone #

STAPLE CHECK HERE