FROM : FAX NO. : Jul. 12 2001 02:05PM P5

2001 UNIFORM BUSINESS REPORT (UBR)

X04652 AF

DOCUMENT # A99000000444

FILED

1. Entity Name

GEORGETOWN PLACE, LTD.

01 AUG 13 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
757 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140	757 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
611 W 15 ST	611 W 15 ST
Suite, Apt. #, etc.: 100	Suite, Apt. #, etc.: 100
City & State: AUSTIN TX	City & State: AUSTIN TX
Zip: 78701 Country: USA	Zip: 78701 Country: USA

4. FEI Number 65-0930874 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREEN, PATRICIA K 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI FL 33130	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
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.	$999.00	10. Amount of Capital Contributions in FLORIDA to date.	2,530,214	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 # NAME STREET ADDRESS CITY-ST-ZIP	F00000006581 AFFORDABLE HOUSING VISIONS FOR TEXAS, INC. 611 WEST 15TH STREET AUSTIN TX 78701	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	100004539241--1 08/17/01--01014--010 ****526.25 ****526.25
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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] MICHAEL N. CASIAS Jan 18, 2001 512-481-0140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #