

2000 UNIFORM BUSINESS REPORT (UBR)

550.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 24 PM 4:32

DOCUMENT # **A99000001102**

1. Entity Name

WESTCHESTER APARTMENTS LIMITED PARTNERSHIP

Principal Place of Business

950 W. VALLEY RD., SUITE 2902
WAYNE PA 19087

Mailing Address

950 W. VALLEY RD., SUITE 2902
WAYNE PA 19087

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-3007682

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$300.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # **P99000055370**
NAME **GPG VENTURE I, INC.**
STREET ADDRESS **950 W. VALLEY RD., SUITE 2902**
CITY-ST-ZIP **WAYNE PA 19087**

STREET ADDRESS **000003386980--1**
-09/08/00--01079--003
CITY-ST-ZIP ******541.25 ****541.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **000003386980--1**
-09/08/00--01079--002
CITY-ST-ZIP *******17.50 *****8.75**

DOCUMENT #
NAME **ADM - 400.00**
STREET ADDRESS
CITY-ST-ZIP **AR 52.50**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **AR SUPP 88.75**
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **OUS 8.75**
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

550.00

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/22/00

Date

60-971-1935

Daytime Phone #

CR2E003 (5/00)