

2002 UNIFORM BUSINESS REPORT (UBR)

0018814 AB

DOCUMENT # **A99000001102**

1. Entity Name

WESTCHESTER APARTMENTS LIMITED PARTNERSHIP

FILED

2002 FEB 25 AM 10:36

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

4. FEI Number **23-3007682**
Applied For Not Applicable

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.

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**

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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 receive this report as required by Chapter 620, Florida Statutes

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

2/5/02 **813-968-2277**
Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE