Daytime Phone #

Date

## 2001 UNIFORM BUSINESS REPORT (UBR)

<del></del>					7	•	
DOCU 1. Entity Nam	MENT # A99000	0001197					
HAMMOCK PARK ESTATES-ORANGE LIMITED PARTNERSHIP					FILED		
Principal Plac	ce of Business		01 MAY -9 AN II: 25				
C/O HEARTHSTONE 16133 VENTURA BLVD SUITE 1400 ENCINO CA 91436		C/O HEARTHSTONE 16133 VENTURA BLVD SUITE 1400 ENCINO CA 91436			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	95-4755024	Applied For Not Applicable	
Zip Country		Zip	Zip Country		5. Certificate o	f Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent			7. Name and A	Address of New Registered	i Agent
				Name			
GRIFFIN, JAMES K JR.				Street Address (P.O. Box Number is Not Acceptable)			
VICTORIA PARK CENTER							
1401 EAST BROWARD BLVD., SUITE 302				City Zip Code			
FI. LAUDE	ERDALE FL 33301-2116			City		F	L Zip code
8. The above	e named entity submits this statement for	the purpose of changing its	registere	ed office or regist	ered agent, or both	, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	: Registere	d Agent signature requir	red when reinstating)	DATE	
9. Capital Co	ontributions C100 00	10. Amount of Capita		outions		11. MAKE CHECK PAYAB	LE TO DEPT. OF STATE FOR FEE INFORMATION
as Shown	A GENERAL PARTNER T	in FLORIDA to d		HOT BE DECK	STEPED AND A		
	A GENERAL PARTNER I NOTE: General Partners MA	MAI IS A BUSINESS EN Y NOT be changed on ti	ne form	; an amendme	ent must be filed	to change a general p	artner.
12.	GENERAL PARTNER		13.			ADDRESS CHANGES O	
DOCUMENT #	L98000003194		STRE	ET ADDRESS			
NAME	FL MSII/SEPII GP, L.C.						·
STREET ADDRESS CITY-ST-ZIP	16133 VENTURA BLVD., SUITE 14 ENCINO CA 91436	00	CITY	-ST-ZIP			
DOCUMENT <b>#</b> NAME	ENCINO CA 91400	·	STRE	ET ADDRESS	40	00004418	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	<del></del>	+***141.25	****141.25
DOCUMENT #			STRE	EET ADDRESS			
name "Street address" City-St-Zip			CITY	-ST-ZIP	-		
DOCUMENT #			STRI	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		•	CITY	-ST-ZIP			
DOCUMENT # NAME	-		STRI	EET AODRESS		,	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	···		
DOCUMENT #			STRI	EET ADDRESS			
STREET ADDRESS			CITY	-ST-ZIP			
indicated	certify that the information supplied with d on this report is true and accurate and	that my signature shall have	the sam	e iegai errect as r	Section 119.07(3)(i f made under oath;	, Florida Statutes. I further o that I am a General Partner	certify that the information of the limited partnership o

SEE SIGNATURE BOLCK ATTACHED -

SIGNATURE:

Form: 2001 Uniform Business Report (UBR)

HAMMOCK PARK ESTATES-ORANGE LIMITED PARTNERSHIP, A Florida Limited Partnership

FL MSII/SEPII GP, L.C., A Florida limited liability company General Partner

By: Hearthstone

A California Corporation

Manager

By:

Mark A. Porath

Chief Financial Officer And Senior Vice President 4/24/01

818/385-0005