

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002074 AV

<b>DOCUMENT # A99000001401</b>					
<div style="display: flex; justify-content: space-between;"> <div> <b>1. Entity Name</b>  <b>SAS APARTMENTS, LTD.</b> </div> <div style="text-align: right;"> <b>FILED</b>  <b>02 MAR 21 PM 4: 02</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div> </div>					
<b>Principal Place of Business</b> 9200 SOUTH DADELAND BLVD.. 500 MIAMI FL 33156			<b>Mailing Address</b> 9200 SOUTH DADELAND BLVD.. 500 MIAMI FL 33156		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0946306 <div style="float: right;">                     Applied For                      Not Applicable                 </div>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>SPIELMAN, ROBERT</b> <b>9200 SOUTH DADELAND BLVD.</b> <b>SUITE 500</b> <b>MIAMI FL 33156</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>9. Capital Contributions as Shown on record.</b>		<b>\$1,000.00</b>		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	
<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P99000075882		STREET ADDRESS		
NAME	EQUITYLINE PROPERTIES, INC.		CITY-ST-ZIP		
STREET ADDRESS	9200 S. DADELAND BLVD., STE 500				
CITY-ST-ZIP	MIAMI FL				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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STAPLE CHECK HERE

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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

Date

Daytime Phone #

305-670-9700