

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001520**

1. Entity Name

MULTI-FAMILY INVESTORS, LTD., LLP

Principal Place of Business

**450 EAST LAS OLAS BLVD., SUITE 900
FT. LAUDERDALE FL 33301**

Mailing Address

**450 EAST LAS OLAS BLVD., SUITE 900
FT. LAUDERDALE FL 33301**

FILED

01 MAY -7 AM 11:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1021397 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURTON, F. MELVIN
450 EAST LAS OLAS BLVD., SUITE 900
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

David W. Horvitz

Street Address (P.O. Box Number is Not Acceptable)

450 East Las Olas Boulevard, Suite 900

City

Ft. Lauderdale

FL

Zip Code
33301

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.

\$250.00

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

DOCUMENT # **A97000002807**
NAME **WLD REAL ESTATE PARTERS 1999, L.P.**
STREET ADDRESS **450 EAST LAS OLAS BLVD., SUITE 900**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 #