

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000866 AT

DOCUMENT # A99000001619



1. Entity Name
VALENCIA LANE APARTMENTS, LTD.

FILED

03 MAY -7 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
~~301 EAST PINE STREET, SUITE 1400~~
ORLANDO FL 32801

Mailing Address
~~301 EAST PINE STREET, SUITE 1400~~
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

1600 Pine Bluff Ave 1600 Pine Bluff Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

Orlando

Orlando, FL

4. FEI Number 59-3718200

Applied For

Not Applicable

Zip 32806

Country

Zip 32806

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

WRIGHT, MICHAEL E
~~301 EAST PINE STREET, SUITE 1400~~
ORLANDO FL 32801

Name

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

1600 Pine Bluff Avenue

City

32806 Orlando FL 32806

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. \$100,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P99000087464
NAME VALENCIA LANE, INC.
STREET ADDRESS ~~301 EAST PINE STREET, SUITE 1400~~
CITY-ST-ZIP ORLANDO FL 32801

STREET ADDRESS

1600 Pine Bluff Avenue
32806

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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STREET ADDRESS

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 execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE