LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED
02 APR 30 PM 6:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000016211

1. Entity Name
CAPREIT LOMA Limited Partnership

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11200 Rockville Pike	11200 Rockville Pike
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Rockville, MD	City & State Rockville, MD
Zip 20852 Country	Zip 20852 Country

DUE BY MAY 1st

4. FEI Number 52-2194390 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code 32301-2525

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION
$ 99		

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 #	F99000050076	STREET ADDRESS	500005501575--4
NAME	CAPREIT LOMA Corporation	CITY-ST-ZIP	-05-10402--01007--020
STREET ADDRESS	11200 Rockville Pike, #100		***2080.00 ****141.25
CITY-ST-ZIP	Rockville, MD 20852		
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STAPLE CHECK HERE

CR2E003B (12/01)

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: Eugene H. Goodsell Eugene H. Goodsell 4/19/02 301-231-8708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #