

UNIFORM BUSINESS REPORT (UBR)

00:0710

DOCUMENT # A99000001771

1. Entity Name
RHT CRANE CREEK PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 PM 4:37



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1333 LAPAZ STREET
PENSACOLA FL 32501

Mailing Address
1333 LAPAZ STREET
PENSACOLA FL 32501

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
196 Technology Dr
Suite D
Irvine, CA
Zip 92618
Country Orange

4. FEI Number 59-2505154 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. Capital Contributions as Shown on record. \$99.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000072129	STREET ADDRESS	100003124971--6
NAME	TAX CREDIT SENIOR PROPERTIES, INC.	CITY-ST-ZIP	02/04/00-01099-013
STREET ADDRESS	1333 LAPAZ STREET		****150.00 ****150.00
CITY-ST-ZIP	PENSACOLA FL 32501		
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

1-20-2000 **944-450-1112**
Date Daytime Phone #