## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## A99000001928 DOCUMENT # 1. Entity Name FILED SECRETARY OF STATE VILLAGE ON THE GREEN ASSOCIATES, LTD. DIVISION OF CORPORATIONS 00 FEB 17 AMII: 36 Principal Place of Business Mailing Address 2450 HOLLYWOOD BLVD.. SUITE 503 2450 HOLLYWOOD BLVD., SUITE 503 HOLLYWOOD FL 33020-6626 HOLLYWOOD FL 33020 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number 65-0962828 City & State City & State Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REICH, DAVID M Street Address (P.O. Box Number is Not Acceptable) 2450 HOLLYWOOD BLVD., SUITE 503 C/O TRIAD HOUSING PARTNERS HOLLYWOOD FL 33020 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$100.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. P99000023108 DOCUMENT# STREET ADDRESS THP3 CORPORATION NAME <u>-03/03/00--01063--007</u> 2450 HOLLYWOOD BLVD., SUITE 503 STREET ADDRESS CITY-ST-ZIP \*\*\*\*141.25 HOLLYWOOD FL 33020 CITY-ST-ZP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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

DAVID A. SCHULTZ