

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001980

1. Entity Name
BRANDON CREEK APARTMENTS, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

AM 3:05

Principal Place of Business: % WHITE OAK REAL ESTATE DEVELOPMENT CORP.
322 BANYAN BLVD.
WEST PALM BEACH FL 33401

Mailing Address: % WHITE OAK REAL ESTATE DEVELOPMENT CORP.
322 BANYAN BLVD.
WEST PALM BEACH FL 33401-4634

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2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RYAN, PAULA J 322 BANYAN BLVD. WEST PALM BEACH FL 33401				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	\$2,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P99000103476	STREET ADDRESS	
NAME	WHITE OAK BRANDON CREEK, INC.	CITY - ST - ZIP	
STREET ADDRESS	322 BANYAN BLVD.	STREET ADDRESS	000003260330--0
CITY - ST - ZIP	WEST PALM BEACH FL 33401	CITY - ST - ZIP	-05/19/00--01120--018
DOCUMENT #		STREET ADDRESS	****141.25 ****141.25
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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** _____ **4/21/00** **561-838-8886**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR 1103 (9/99)