

FILED

03 MAY -9 PM 12:28

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B0100000207			
1. Entry Name FLORIDA APARTMENT CLUB NAPLES LIMITED PARTNERSHIP			
Principal Place of Business 848 BRICKELL AVE., SUITE 810 MIAMI, FL 33131		Mailing Address 848 BRICKELL AVE., SUITE 810 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-111886		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 entry 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 _____	
9. Capital Contributions as Shown on record. \$4,560,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$ 4,560,000.00	
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 # NAME STREET ADDRESS CITY - ST - ZIP	P96000019098 THE FLORIDA APARTMENT CLUB, INC. 848 BRICKELL AVE., SUITE 810 MIAMI, FL 33131	STREET ADDRESS CITY - ST - ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____		Date _____ Daytime Phone # _____	

STAPLE CHECK HERE

CR2E003 (10/02)

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