

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0003240 AB

DOCUMENT # B01000000380

1. Entity Name

U.S. HOUSING PARTNERS III, L.P.

02 NOV -1 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2950 BUSKIRK AVENUE, #312
WALNUT CREEK CA 94569

2950 BUSKIRK AVENUE, #312
WALNUT CREEK CA 94569

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 25, 2002

4. FEI Number

68-0474030

Applied For

Not Applicable

Zip

94597

Country

Zip

94597

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRUTCHFIELD, DANA

C/O PETER MARBURY RUDNICK & WOLFE LLP

101 EAST KENNEDY BLVD, SUITE 2000

TAMPA FL 33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$620,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 #

B01000000379

NAME

BRIDGE-236 III, L.P.

STREET ADDRESS

2950 BUSKIRK AVENUE, #312

CITY-ST-ZIP

WALNUT CREEK CA 94569

STREET ADDRESS

CITY-ST-ZIP

94597

DOCUMENT #

NAME

STREET ADDRESS

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STREET ADDRESS

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8000008758178

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/23/02

Date

925-256 9448

Daytime Phone #

CR2E003 (4/02)