2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B93000000434**

1. Entity Name

BAILEY-APOLLO SUTTON PLACE APARTMENTS, LIMITED P

FILED

01 JUN 15 PM 12: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
CAPREIT 11200 ROCKVILLE PIKE. SUITE 100 ROCKVILLE MD 20852	CAPREIT 11200 ROCKVILLE PIKE. SUITE 100 ROCKVILLE MD 20852

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 13-3736716	Applied For / Not Applicable
Zip Country	Zip 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
CSC NETWORKS 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. Capital Contributions as Shown on record. **$9,405,000.00**	**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 # F99000001401 NAME CAPREIT OF SUTTON PLACE, INC. STREET ADDRESS 11200 ROCKVILLE PIKE, SUITE 100 CITY-ST-ZIP ROCKVILLE MD 20852	STREET ADDRESS CITY-ST-ZIP 100004451351--2 -06/29/01--01026--009 ****526.25 ****526.25
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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)(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: _Eugene H. Goodsell_   6/7/01   301-231-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

0015976   AF

CR2E003 (11/00)