

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B95000000146

1. Entity Name

SHERWOOD GLEN AND WILLOWS APARTMENTS REAL ESTATE

Principal Place of Business

C/O REAL ESTATE DEPT.  
85 BROAD ST., 19TH FLOOR  
NEW YORK NY 10004

Mailing Address

600 LAS COLINAS BLVD., SUITE 1900  
IRVING TX 75039-5626

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

54-1757282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 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.

\$293,250.00

10. Amount of Capital Contributions  
in FLORIDA to date.

293,250.

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

DOCUMENT # B94000000118  
NAME MFH REALTY LIMITED PARTNERSHIP  
STREET ADDRESS 600 E LAS COLINAS BLVD., SUITE 1900  
CITY - ST - ZIP IRVING TX 75039

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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

SIGNATURE:

STAKEHOLDER REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Assistant Vice President of the General Partner  
of the General Partner

Daytime Phone #

4/26/00

FILED  
May 02, 2000 8:00 am  
Secretary of State



DO NOT WRITE IN THIS SPACE

C-1 (5/96)