

# 2001 UNIFORM BUSINESS REPORT (UBR)

182

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**DOCUMENT # B96000000474**

1. Entity Name  
**WILLA SPRINGS APARTMENTS, L.P.**

**FILED**  
01 MAY 11 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**ONE CALIFORNIA ST., #1400  
SAN FRANCISCO CA 94111**

Mailing Address  
**ONE CALIFORNIA ST., #1400  
SAN FRANCISCO CA 94111**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **94-3255632** 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 entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$11,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **0**

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 #	F96000006445		STREET ADDRESS		
NAME	WS APARTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	ONE CALIFORNIA ST., #1400				
CITY-ST-ZIP	SAN FRANCISCO CA 94111				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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:** \_\_\_\_\_ **4/27/01** **415-678-2138**

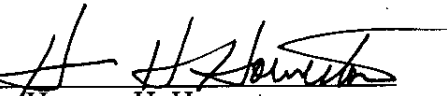
DATE DAYTIME PHONE #

CR2E003 (11/00)

**Attachment**  
**Florida 2001 Uniform Business Report (UBR)**

Willa Springs Apartments, L. P.,  
a California limited partnership

By: WS Apartments, Inc.,  
A Delaware corporation,  
its general partner

By:   
Herman H. Howerton  
Vice President, General Counsel  
and Secretary