

2001 UNIFORM BUSINESS REPORT (UBR)

0018549 AF

DOCUMENT # B97000000433

1. Entity Name
SDG CAPITAL ASSOCIATES LIMITED PARTNERSHIP

FILED
MAY -1 PM 12: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 115 W. WASHINGTON STREET, SUITE 15-E INDIANAPOLIS IN 46204
Mailing Address: 115 W. WASHINGTON STREET, SUITE 15-E INDIANAPOLIS IN 46204



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: P.O. Box 7066 - Tax Dept.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Indianapolis, IN
Zip: 46207
Country: USA

4. FEI Number: 35-2024061
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: _____
10000428881-7
-05/23/01--01017--013
****141.25 FL **Zip Code 1.25

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: \$1,000.00
10. Amount of Capital Contributions in FLORIDA to date: 1,000.00
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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	F97000004327
NAME	SDG PROPERTIES VII, INC.
STREET ADDRESS	115 W. WASHINGTON STREET, SUITE 15-E
CITY-ST-ZIP	INDIANAPOLIS IN 46204
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ Date: 4/27/01 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)