

AUG-15-2001 10:06

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **6470000000491**
 1. Entity Name
National, RE/sourges Carrollwood, L.P.

Principal Place of Business Mailing Address

2. Principal Place of Business
485 West Putnam Ave
 Suite, Apt. #, etc.
Greenwich, CT
 Zip **06830** Country **USA**

3. Mailing Address
40 AEW Capital Management
 Suite, Apt. #, etc.
TWO Seafort Lane
Boston, MA
 Zip **02210** Country **USA**

9/19

FILED

01 SEP 19 PM 4:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT Corporation System
90 CT Corporation
1200 South Pine Island Rd.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **1,353,628** 10. Amount of Capital Contributions in FLORIDA to date. **1,353,628**

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 #	NRE Financial Holdings, LLC 485 West Putnam Ave. Greenwich, CT 06830	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	700004610277--1
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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: **Jim Caldwell** 617-261-9223

CR2E003 (11/00)