2000 UNIFORM BUSINESS REPORT (UBR)

DOCUI	MENT # B9800								
PHOENIX REALTY SPECIAL ACCOUNT-U, L.P.					FILED				
Principal Place of Business Mailing Address						00 MAY -	2 PM 4:	20	
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HARTFORD CT 06115-0479 HARTFORD CT 06103-2814						SECKETA	KI UF 31	A,FC	
TARTI OILD OF CONCESSION					SEGRETARY OF STATE TALKAHASSEE, FLORIDA				
2. Principal Place of Business One Financial Place One Financia				aza		(1) 10 10 10 10 10 10 10 	HANTI MURIN BANKI DU	114 SESEN (185 1881	
Suite, Apt.,#, etc. 19th Floor Suite, Apt.,#, etc.					DO NOT WRITE IN THIS SPACE				
City & State CT City & State				-	4. FEI Number	06-1451582	<u> </u>	Applied For Not Applicable	
Zip $Country$ Zip $Country$ Co					5. Certificate of Sta	atus Desired	\$8.75 A Fee Requ		
6. Name and Address of Current Registered Agent					7. Name and Addr	ess of New Register	red Agent		
		Name							
C T'CORE	PORATION SYSTEM	•							
	JTH PINE ISLAND ROAD		Street.E	Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324								·- <u>-</u>	
/ D WITH 1000 L 000 L							FL Zip C	ode	
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. \$5,100,000.00 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		13.		<u> </u>	ADDRESS CHANGES	ONLY		
DOCUMENT#	PHOENIX REALTY EQUITY INVESTMENTS, INC.			100	$Q \cdot \mathbf{Q} \circ X \mid$	900 - 1	_, , A	1/4 Slage	
NAME CONTRACTOR				100 Bright Meadow, DIVIDSOF					
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NAME STREET ADDRESS									
CITY-ST-ZIP	partify that the information cumulard with	his filling does not qualify for the	CITY-ST-ZIP	ated in So	ction 119 07/31/il Flo	rida Statutes I furtho	r certify that the	e information	
14. I hereby certify that the information supplied with this filling 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:									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #									