2002	! UNIFO	RM BUS	INE	SS REPO	KI	(ARK)		ā	
DOCUMENT # B9800000091  1. Entity Name PHOENIX REALTY SPECIAL ACCOUNT-U, L.P.						S	FILED	2	
						. ÷	02 APR 26 PM 2: 44	ŧ	
							SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business ONE FINANCIAL PLAZA. 19TH FLOOR HARTFORD CT 06103			Mailing Address ONE FINANCIAL PLAZA, 19TH FLOOR HARTFORD CT 06103						
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY 1, 2002		
City & State			City & State			. "	4. FEI Number 06-1451582 Applied For Not Applicable		
Zip _ Country -			.2	Zip . Cour		ntry	5. Certificate of Status Desired		
	6. Name and	Address of Current	Regist	ered Agent		Name	7. Name and Address of New Registered Agent		
CT CORE	PORATION SYS	ren en e						ح	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324						Street Addre	ess (P.O. Box Number is Not Acceptable)		
I ENTINION I E OOGET						City	FL Zip Code		
8. The above	named entity sub	mits this statement fo	r the p	urpose of changing its	register	ed office or regi	istered agent, or both, in the State of Florida.		
SIGNATURE .			1.04.16				DATE		
9. Capital Co		ed name of registered agent 12,480,219.00	ano pue ir	10. Amount of Capit	al Con <u>tri</u>	butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE		
as Shown o	on record.		HAT	in FLORIDA to d		12 480	SEE REVERSE SIDE FOR FEE INFORMATION STERED AND ACTIVE WITH THIS OFFICE.		
	NOTE: Ge	neral Partners MA	NO Y	T be changed on t	he forn	n; an amendn	ment must be filed to change a general partner.		
12. GENERAL PARTNER INFORMATION DOCUMENT / F98000000734					13.		ADDRESS CHANGES ONLY		
NAME PHOENIX REALTY EQUITY INVESTREET ADDRESS 100 BRIGHT MEADOW BLVD.				STMENTS, INC.		EET ADDRESS  (-ST-ZIP	70005449417( -0570370201030024 ****\$26.25 ****\$26.25	F003 (9/01	
DOCUMENT #	ENFIELD CT O	6083-1900		· <u>·</u>	STR	EET ADDRESS		g	
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CITY-ST-ZIP DOCUMENT						-,	the state of the s		
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name					STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP					CiTY	r-ST-ZIP			
DOCUMENT / NAME					STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP					CITY	Y-ST-ZIP			
indicated the receiv	l on this report is t ver or trustee emp	rue and accurate and	l that m	ry signature shall have rt as required by Char	the sam ter 620,	e legal effect as Florida Statutes	n Section 119.07(3)(i), Florida Statutes. I further certify that the information s if made under oath; that I am a General Partner of the limited partnership or s. P.		
SIGNAT	'URE: 🗷 🛫	SIGNATURE AND TYPED OF	PRINTE	C MEWUIF D NAME OF SIGNING GENER	AL PARTN	<u></u>	Date 2 7 0 2 Dayline Prone (660) 433	_	