Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

B98000000455 DOCUMENT# 1. Entity Name GEGRETARY OF STATE SELVISION OF CORPORATIONS RIVERWALK APARTMENTS, L.P. EENSTREET MANA OFMENT, I 00 APR 27 AM 3: 05 Mailing Address 1013 CENTER ROAD 5850-T.G. LEE BLVD., SUITE 345 ORLANDO FL 32822-4412 WILMINGTON DE 19805 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 13-4013685 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Register Name AFFIRMATIVE MANAGEMENT INC. Street Address (P.O. Box Number is Not Acceptable) 5850 T.G. LEE BLVD., SUITE 345 ORLANDO FL 32822 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or re SIGNATURE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capita 9. Capital Contributions \$2,400,000,00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date as Shown on record. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. M98000000772 DOCUMENT # STREET ADDRESS GW RIVERWALK MANAGEMENT, LLC MARKE 120 WOOSTER STREET STREET ADDRESS STREET MANAGE CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# -05/22/00--01026--001 STREET ADDRESS NAME: -STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-53-78 14. If 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 security egal effect as if made under oath; that I am a General Partner of the limited partnership egal effect as if made under oath; that I am a General Partner of the limited partnership or 20, Florida Statutes the receiver or trustee empowered to execute this report as required