4/17/01 (440) 701-1000 Date Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # B9900000429 1. Entity Name							
CONCORD SIERRA WEST PALM BEACH ASSOCIATES, L.P.					FILED		
Principal Place of Business Mailing Address 5966 HEISLEY RD., 2ND FLOOR 5966 HEISLEY RD., 2ND FL					OI APR 26 PM 3: 53		
MENTOR OH 44060 MENTOR OH 44060					SECRETARY OF STATE TALLAHASSEE, TEGRIDA		
Principal Place of Business Addr 3. Mailing Addr			ress		- 1 (BB)128) 1818 18118 18111 88111 88111 88111 88111 88111 88111 88111 88111 81818 81818 81818 1818 1818 1818 -		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Stat	e .	City & State	City & State		4. FEI Number	25-1847601	Applied For Not Applicable
Zip	Country Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New Registere	d Agent
- -		\ 		Name _			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324							
				City FL Zip Code			
	named entity submits this statement f	or the purpose of changing its i	registere	ed office or registere	ed agent, or both,	in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	: Registered	d Agent signature required	when reinstating}	DATE	
9. Capital Contributions as Shown on record. \$2,000,000.00 10. Amount of Capital Contributions in FLORIDA to date.							FOR FEE INFORMATION
	NOTE: General Partners M.		e form	UST BE REGIST ; an amendment	ERED AND AC t must be filed	to change a general p	artner.
12.	GENERAL PARTNE	R INFORMATION	13.			ADDRESS CHANGES C	DNLY
NAME	F99000006196 WEST PALM BEACH SIERRA, INC.			ET ADDRESS	**		
STREET ADORESS CITY-ST-ZIP	409 BROAD STREET, SUITE 203 SEWICKLEY PA 15143		CITY	-ST-ZIP			
DOCUMENT # NAME			STRE	ET ADDRESS	1	2001419	1001-3
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DOCUMENT # NAME			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				-ST-Z!P			
14. I hereby of indicated the reserve	certify that the information supplied wit on this report is true and accurate and yer or trustee empowered to execute the	th this filing does not qualify for that my signature shall have the this report as required by Chapter	the exer he same	mption stated in Sec e legal effect as if m Florida Statutes	ction 119.07(3)(i), nade under oath; ti	Florida Statutes. I further of hat I am a General Partner	certify that the information of the limited partnership or