

# 2000 UNIFORM BUSINESS REPORT (UBR)

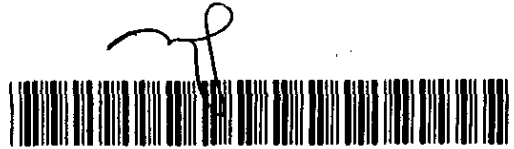
DOCUMENT # L99000004258

1. Entity Name  
WESTVIEW TERRACE APARTMENTS, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

Principal Place of Business Mailing Address  
701 BRICKELL AVENUE, 33RD FLOOR 701 BRICKELL AVENUE, 33RD FLOOR  
MIAMI FL 33131 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 SOUTHEAST 2nd St. 3. Mailing Address 100 SOUTHEAST 2nd St.

Suite, Apt. #, etc. 13 FLOOR Suite, Apt. #, etc. 13 FLOOR

City & State MIAMI FL City & State MIAMI FL

Zip 33131 Country USA Zip 33131 Country USA

4. FEI Number 65-0958943 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME NATIONSBANK COMMUNITY DEVELOPMENT CORPORAT  
STREET ADDRESS 701 BRICKELL AVENUE, 33RD FLOOR  
CITY-ST-ZIP MIAMI FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE MGR  
NAME BANK OF AMERICA COMMUNITY DEVELOPMENT CORP.  
STREET ADDRESS 100 SE 2nd ST. 13 FLOOR  
CITY-ST-ZIP MIAMI FL 33131

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] BOOK OF AMERICA COMMUNITY DEVELOPMENT CORPORATION  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date 9/15/00 Daytime Phone # 305-533.2348

CR2E083 (5/00)