## 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCU 1 Entity Nam		# <b>M960</b>	00000455			•	FILE	)			
1. Entity Name AMERICA FIRST PROPERTIES MANAGEMENT COMPANY L.L.						!	01 MAY -1 PM 5: 18				
Principal Plac	ss	<del></del> -	ŗ.	TŽ	SECRETARY OF	F STATE	٨				
1004 FARNAM STREET SUITE 400 OMAHA NE 68102  2. Principal Place of Business Suite, Apt. #, etc. City & State		Mailing Address 1004 FARNAM STREET SUITE 400 OMAHA NE 68102			TALLAHASSEE, FLÖRIDA						
		3. Mailing Address		-		[1004]		BRIL A BIRI BIABI	OICEI BIIK IOEI		
			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE  4. FEI Number 47-0794118 Applied For Not Applicable				
			City & State								
Zip		Country	Zip	Country	Country		5. Certificate of Status Desired Sound Fee Required				
	6. Name	and Address of Current	Registered Agent			7. Name a	nd Address of New F				
				N	lame						
CT CORPORATION SYSTEM 1200 PINE ISLAND ROAD				S	Street Addres	s (P.O. Box Nun	nber is Not Acceptable	e)			
				<u> </u>	<del>.</del>	<del>.</del>				<del></del>	
PLANTATI	ION FL 333	21 <del>-4</del>									
				C	City			FL	Zip Cod	e	
8. The above	named entity	y submits this statement fo	or the purpose of changing	its registered o	office or regist	tered agent, or	both, in the State of Flo	orida.			
8. The above	named entity	y submits this statement fo	or the purpose of changing	its registered o	office or regist	tered agent, or	both, in the State of Flo	orida.			
8. The above						_	both, in the State of Flo				
		y submits this statement for or printed name of registered agent.				tered agent, or	ooth, in the State of Flo	orida. DATE			
			and title if applicable. (F	NOTE Registered Age	ent signature requi	ired when reinstating)	ooth, in the State of Flo		****	-	
			and title if applicable. (F	NOTE Registered Age	ent signature requi	ired when reinstating)	poth, in the State of Flo				
SIGNATURE _		or printed name of registered agent	and title if applicable. (FiLE Make Check	NOTE Registered Age	ent signature requi	ired when reinstating)		DATE			
SIGNATURE _	Signature, typed		and title if applicable. (f	No W!!! FEI Pa able to D	ent signature requi	ired when reinstating)	both, in the State of Flo	DATE	Channe	Addition	
SIGNATURE _  9.	Signature, typed	or printed name of registered agent	and title if applicable. (P	NOTE Registered Age	ent signature requi	ired when reinstating)		DATE	☐ Change	Addition	
SIGNATURE _  9.  TITLE  NAME	Signature, typed  MGRM  AMERICA 1004 FARI	or printed name of registered agent.  MANAGING MEMBI  FIRST COMPANIES L.L  NAM STREET	and title if applicable. (P	NoTi Registered Age No W!!! FE! Pa able to D  10.  TITLE	E IS \$50.00	ired when reinstating)		DATE	☐ Change	Addition	
9. TITLE NAME STREET ADDRESS	Signature, typed  MGRM  AMERICA	or printed name of registered agent.  MANAGING MEMBI  FIRST COMPANIES L.L  NAM STREET	and title if applicable. (P	No WIII FEI Pa able to D  10.  TITLE NAME	E IS \$50.00 Department	ired when reinstating)		DATE	☐ Change	Addition	
9. HITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed  MGRM  AMERICA 1004 FARI	or printed name of registered agent.  MANAGING MEMBI  FIRST COMPANIES L.L  NAM STREET	and title if applicable. (P	NOTE Registered Age  NOTE Registered Age  NOTE REGISTER AGE  10.  THILE  NAME  STREET AB  CITY-ST-  TITLE	E IS \$50.00 Department	ired when reinstating)		DATE	☐ Change	Addition Addition	
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