2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

	OCUMENT # M9900000802								
DSCEOLA COUNTY APARTMENTS, L.L.C.					UUMAR :	MAR 21 PM 12: 45			
Principal Place	o of Puninger	Mailing Address	_		SECRETA ALLAHA	ARY OF STATE SSEE, FLORIDA	W/3/30		
Principal Place of Business 200 WEST MADISON STREET. SUITE 3700 CHICAGO IL 60606 Mailing Address 200 WEST MADISON STR CHICAGO IL 60606 CHICAGO IL 60606-3414				EET. SUITE 3700			U		
Principal Place of Business 3. Mailing Address						A HEBURDUK NUN YOUNG MAHA DOHAN A	folit ositi cotit colit botol ini	1 88118 (161 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FE	Number 36-416953)Q ⊢	Applied For		
Zip	Country	Zip	Coun	try	5. Ce	rtificate of Status Desired	\$5.00 A	dditional	
	6. Name and Address of Current	Registered Agent			7. Na	ne and Address of New	Registered Agent		
CORPORATION SERVICE COMPANY				Name					
1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301-2525								44	
				City			FL Zip Co	ae	
	named entity submits this statement for	or the purpose of changing	its registere	ed office or re	gistered agen	t, or both, in the State of F	lorida.		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (N	IOTE: Registere	d Agent signature r	required when reins	ating)	DATE		
	,	FILE Make Check		FEE IS \$50 o Departme				<u> </u>	
9.	MANAGING MEMBERS/MEMBERS				ADDITIONS/CHANGES				
TITLE MAME STREET ADDRESS GUTY-ST-ZUP	MGRM Deletto PRITZKER RESIDENTIAL EQUITIES, L.P. 200 WEST MADISON STREET, SUITE 3700 CHICAGO IL 60606			E E ET Addhess - St-Zip			☐ Change	Addition	
TITLE NAME STREET ADDRESS	0,10110	☐ Delete		ET ADDRESS			☐ Change	Addition	
CITY- \$T-ZIP			TITL	- 8T- Z(P			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				E ET ADDRESS - ST-ZIP		900003 -04/04 *****	195579- /0001086(50.00 *****	3 002 000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta					Change	Addition	
TITLE MAME STREET ADDRESS CITY- E/- ZIP		□ Dolete				_	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Delista		' i			☐ Change	Addition ;	
11. I hereby of indicated	 certify that the information supplied wit on this report is true and accurate and ibility company or the receiver or truste Pritzker Residential Equ	I that my signature shall ha e empowered to execute the	for the exe ve the same his report as	mption stated e legal effect a required by (as if made und Chapter 608, f	ler oath; that I am a man: Florida Statutes.	aging member or manag	information ger of the	

IRISUSAN B. Panzer, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/9/00

312-920-2474

Daytime Phone #