

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000043943

1. Entity Name

WILLOW WOOD APARTMENTS, INC.

FILED

Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90178 046 \*\*\*150.00

Principal Place of Business 10718 KIRKADLY LANE BOCA RATON FL 33498 US	Mailing Address 10718 KIRKADLY LANE BOCA RATON FL 33498 US
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2. Principal Place of Business 4800 NORTH FEDERAL HWY.	3. Mailing Address
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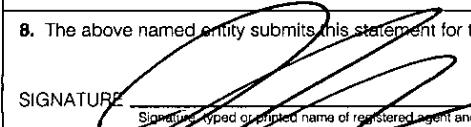
Suite, Apt. #, etc. SANCTUARY CENTRE, STE. D-100	Suite, Apt. #, etc.
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City & State BOCA RATON, FL	City & State
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Zip 33431	Country USA	Zip	Country
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6. Name and Address of Current Registered Agent LICHTMAN, JONATHAN J., P.A. 4800 H-FEDERAL HWY NORTH FEDERAL HWY. SUITE D-100 BOCA RATON FL 33431	7. Name and Address of New Registered Agent Name JONATHAN J. LICHTMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 4800 NORTH FEDERAL HIGHWAY SANCTUARY CENTRE, STE. D-100 City BOCA RATON FL Zip Code 33431
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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.

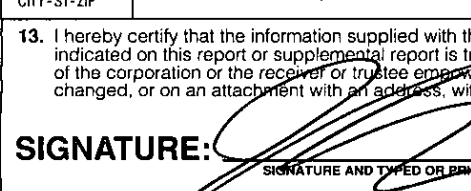
SIGNATURE  JONATHAN J. LICHTMAN, PRESIDENT 1/12/01

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LICHTMAN, JONATHAN J 10718 KIKALDY LANE BOCA RATON FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD NASS, ROBERT A 300 LAUREL RIDGE ROAD REINHOLDS PA 17509 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  JONATHAN J. LICHTMAN PRESIDENT 1/12/01 (561) 497-0017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)