2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 10, 2000 8:00 am DOCUMENT # P97000091637 1. Entity Name Secretary of State AFFORDABLE PROPERTIES GENERAL PARTNER OF OHIO, I 02-10-2000 90060 037 ***150.00 Principal Place of Business Mailing Address 1200 MIDLAND TOWER 1200 MIDLAND TOWER 33 NORTH GARDEN AVENUE 33 NORTH GARDEN AVENUE CLEARWATER FL 33755-6604 CLEARWATER FL 33755 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3477638 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ---6. Name and Address of Current Registered Agent Name GLOECKL, KEITH J Street Address (P.O. Box Number is Not Acceptable) 1200 MIDLAND TOWER 33 NORTH GARDEN AVENUE **CLEARWATER FL 33755** Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition D ☐ Delete TITLE BANKS, ROBERT J NAME STREET ADDRESS STREET ADDRESS 1200 MIDLAND TOWER 33 NORTH GARDEN AVE. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33755 TITLE Change Addition TITLE NAME GLOECKL, KEITH J NAME STREET ADDRESS 1200 MIDLAND TOWER 33 NORTH GARDEN AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33755 ☐ Addition TITLE - Delete MATHIS, RAY F NAME NAME* STREET ADDRESS STREET ADDRESS 1200 MIDLAND TOWER 33 NORTH GARDEN AVE. CITY-ST-7IP CITY-ST-ZIP CLEARWATER FL 33755 Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 kis empowered.

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

<u> 2-1-00</u>

<u>(727) 461-4801</u>