2001 UNIFORM BUSINESS REPORT (UBR)

001078Z AF

DOCUMENT # A00000000320

1. Entity Name

SUNNYLAND GARDEN APARTMENTS, LTD.

FILED

01 MAY -1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4100 CORPORATE SQUARE #105 NAPLES FL 34104	4100 CORPORATE SQUARE #105 NAPLES FL 34104

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3625729 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAWHON, ANTHONY M 2171 PINE RIDGE RD, STE D NAPLES FL 34109	Name John T. Maggs Street Address (P.O. Box Number is Not Acceptable) 4100 Corporate SQ Suite 116 City Naples FL Zip Code 34104

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 John T Maggs 4/24/01
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record	$100,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000018435	STREET ADDRESS	
NAME	VISTA GARDENS HOLDING CO.		
STREET ADDRESS	4100 CORPORATE SQUARE #105 116	CITY-ST-ZIP	
CITY-ST-ZIP	NAPLES FL		
DOCUMENT #		STREET ADDRESS	
NAME	Sunnyland Gardens APTS Holding Co		30000422114 3--0
STREET ADDRESS	LTD 4100 Corporate SQ Suite 116	CITY-ST-ZIP	-05/16/01--01124--019
CITY-ST-ZIP	Naples, Fl. 34104		****526.25 ****526.25
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CR2E003 (11/00)

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: X John T. Maggs 4/24/01 941-263-9568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #