2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 APR -4 AM 11:06
SECRETARY OF STATE TALLAHASSEE, FLORIDA

rf 4/19

DO NOT WRITE IN THIS SPACE

DOCUMENT # A28888

1. Entity Name
ALAGOLD COMMUNITIES, LTD., L.L.P.

Principal Place of Business	Mailing Address
9751 WEST TERRY STREET BONITA SPRINGS FL 34135	9751 WEST TERRY STREET BONITA SPRINGS FL 34135-4420

2. Principal Place of Business	3. Mailing Address
9751 WEST TERRY ST	P. O. BOX 2448
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BONITA SPRINGS, FL	City & State: BONITA SPRINGS, FL
Zip: 34135 Country: USA	Zip: 34133-2448 Country: USA

4. FEI Number 65-0157105 — 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
SHINBAUM, KYLE 9751 WEST TERRY STREET BONITA SPRINGS FL 34135	Name: ALAN H. GOLDMAN Street Address (P.O. Box Number is Not Acceptable): 9751 WEST TERRY ST City: BONITA SPRINGS, FL Zip Code: 34135

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: Alan H Goldman — DATE: 3-30-2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	$950,000.00	10. Amount of Capital Contributions in FLORIDA to date.	950,000	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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	P17901 ALAGOLD CORPORATION 1920 SOUTH COURT STREET MONTGOMERY AL	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	200003216992--0 -04/20/00--01088--016 ****535.00 ****535.00
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
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DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	

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

ALAGOLD CORPORATION
SIGNATURE: by: Alan H Goldman, its President — Date: 3.30.00 — Daytime Phone #: 941-495-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER