

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010218 AT

DOCUMENT # A32090 1. Entity Name RED DRAGON'S SANDS, LTD.	
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92 FILED

03 MAY 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business % SILVER SANDS MOTEL & VILLAS 301 OCEAN DRIVE KEY BISCAYNE FL 33149	Mailing Address % SILVER SANDS MOTEL & VILLAS 301 OCEAN DRIVE KEY BISCAYNE FL 33149
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2. Principal Place of Business	3. Mailing Address			DUE BY MAY 1, 2003
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State	4. FEI Number 65-0286625	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$6,682,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE - SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P0000001125	STREET ADDRESS	
NAME	AXIS DEVELOPMENT CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	301 OCEAN DRIVE		
CITY-ST-ZIP	KEY BISCAYNE FL 33149		
DOCUMENT #		STREET ADDRESS	000019679910
NAME		CITY-ST-ZIP	05/21/03--01051--008 **328.25
STREET ADDRESS			
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NAME		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

SIGNATURE: *[Signature]* **SIGNATURE REQUIRE:** *5/19/03* Date *5/19/03* Daytime Phone #

CR2E003 (10/02)