2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32317

FILED
02 JAN 11 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
GOLF VILLAS ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016-5897	7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016-5897

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

DUE BY MAY 1, 2002

4. FEI Number 65-0299280 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRAFMAN, HOWARD J.
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016-5897

7. Name and Address of New Registered Agent

Name RODRIGUEZ, CHRISTY
Street Address (P.O. Box Number is Not Acceptable) 7900 MIAMI LAKES DRIVE WEST
City MIAMI LAKES **FL** Zip Code 33016

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 [signature] 01/08/02
CHRISTY RODRIGUEZ
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	$650,000.00	10. Amount of Capital Contributions in FLORIDA to date. $650,000.00	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	S68588 KISLAK REALTY EQUIT.,INC 7900 MIAMI LAKES DR. W. MIAMI LAKES FL	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	100004781821--5 -01/17/02--01030--024 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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

SIGNATURE: SIGNATURE REQUIRED 01/09/2002 305-364-4106
THOMAS BARTELMO, SENIOR VICE PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)