

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

526.25

001885 AT

DOCUMENT # A96000000364

1. Entity Name
D C LAND COMPANY, LTD.

02 APR 24 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 4500 PGA BOULEVARD, SUITE 207 PALM BEACH GARDENS FL 33418 | Mailing Address 4500 PGA BOULEVARD, SUITE 207 PALM BEACH GARDENS FL 33418 |
|---|---|



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

DUE BY MAY 1, 2002

| | | |
|---|---|--|
| 4. FEI Number 65-0637992 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**DIVOSTA, OTTO B
4500 PGA BOULEVARD, SUITE 207
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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

| | | |
|---|---|--|
| 9. Capital Contributions as Shown on record. \$115,500.00 | 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 | |
|---|--|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | L54776 DIVOSTA LAND COMPANY 4500 PGA BOULEVARD, SUITE 207 PALM BEACH GARDENS FL 33418 |
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| 13. ADDRESS CHANGES ONLY | |
|--------------------------|---|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 400005389344--8 |
| CITY-ST-ZIP | 04/30/02 01010 016 ****526.25 ****526.25 |
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| 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* **4/11/02** **561/691-9050**
Signature and typed or printed name of signing general partner Date Daytime Phone #

CR2E003 (9/01)