## 2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)				1-0 -1
DOCUMENT # A9600000367  1. Entity Name				7 1/28
HOME	DEVELOPMENT OF HUNTERS RUN LT	D.		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
Principal Pla	ce of Business	Mailing Address		SITIOIDI DI IOSIII UNATIONO
101 WESTLAKE DRIVE 101 WESTLAKE DRIVE BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436				02 MAY 13 PM 1: 43
2. Principal	Place of Business 0 3	Mailipg Address	0 0	
15340 Jog ROAC 15340 Jog			4 ROAd	
Suite, Apt. #, etc. Suite, Apt. #, etc.			J ,	DUE BY MAY 1, 2002
Delry Beach FL DelRy Boac				4. FEI Number Applied For Not Applicable
334	146 USA	33446	Country A	5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
KORN, GARY A 20801 BISCAYNE BLVD., STE. #501 AVENTURA FL 33180				s (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				
9. Capital Contributions as Shown on record.  \$600.00  10. Amount of Capital 0 in FLORIDA to date			ontributions	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.				
			13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME	HOME DEVELOPMENT CORP. OF SOUTH FLORIDA		STREET ADDRESS	5340 Doa RoAd
STREET ADDRESS CITY-ST-ZIP	101 WESTLAKE DRIVE BOYNTON BEACH FL 33436		CITY-ST-ZIP	elRAV Beach FL 33446
DOCUMENT # NAME			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-S1-ZIP	
DOCUMENT # NAME			STREET ADDRESS	6000056642766
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	6000056642766 -06/03/0201030014 ****141.25 ****141.25
DOCUMENT # NAME			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				
DOCUMENT # NAME			STREET ADDRESS	
STREET ADORESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT# NAME			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
14. I hereby o	ertify that the information supplied with this fi	ling door not qualify for the	evernation stated in Ca	140 07(0)(C) Florido Otto

hereby certify that the information supplied with this filling 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

GNATURE:

SENATURE OF PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Date SIGNATURE: