2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001084

1. Entity Name

TWINEAGLES DEVELOPMENT COMPANY, LTD.

FILED

00 APR 28 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
4099 TAMIAMI TRAIL NORTH, SUITE 301
NAPLES FL 34103

Mailing Address
4099 TAMIAMI TRAIL NORTH, SUITE 301
NAPLES FL 34103-3548

2. Principal Place of Business	3. Mailing Address
11330 TWINEAGLES BLVD	11330 TWINEAGLES BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: NAPLES, FL.
Zip: 34120 / Country:	Zip: 34120 / Country:

4. FEI Number 59-3449667 ☐ 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
CLASP INC. C/O CUMMINGS & LOCKWOOD 3001 TAMIAMI TAIL NORTH NAPLES FL 34103	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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 18,557,500 — S.A. filed 4-28-00

10. Amount of Capital Contributions in FLORIDA to date. $18,557,500

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	A97000001029 TWINEAGLES MANAGEMENT, LTD. 4099 TAMIAMI TRAIL NORTH, SUITE 301 NAPLES FL 34103	STREET ADDRESS CITY-ST-ZIP	11330 TWINEAGLES BLVD. NAPLES FL 34120
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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

TWINEAGLES MANAGEMENT, LTD. BY PRESIDENT OF TWINEAGLES DEVELOPMENT, INC ITS GENERAL PARTNER

SIGNATURE: BY [signature] SIGNATURE REQUIRED 4/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/99)

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