

2001 UNIFORM BUSINESS REPORT (UBR)

0014962 AF

DOCUMENT # A97000001084

1. Entry Name

TWINEAGLES DEVELOPMENT COMPANY, LTD.

Principal Place of Business

11330 TWINEAGLES BLVD.
NAPLES FL 34120

Mailing Address

11330 TWINEAGLES BLVD.
NAPLES FL 34120

FILED

01 JUN -5 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3451 BONITA BAY BLVD

Suite, Apt. #, etc.

STE 202

3. Mailing Address

3451 BONITA BAY BLVD.

Suite, Apt. #, etc.

STE 202

City & State

BONITA SPRINGS FL

Zip

34134

Country

USA

City & State

BONITA SPRINGS FL

Zip

34134

Country

USA

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

RESOURCE CONSERVATION PROPERTIES, INC.

3451 BONITA BAY BLVD., SUITE 202

BONITA SPRINGS FL 34134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$18,557,500.00

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 # A97000001029
NAME TWINEAGLES MANAGEMENT, LTD.
STREET ADDRESS 4099 TAMiami TRAIL NORTH, SUITE 301
CITY-ST-ZIP NAPLES FL 34103

DOCUMENT # L00000010191
NAME RCP/TE MANAGEMENT LLC
STREET ADDRESS 3451 BONITA BAY BLVD., SUITE 202
CITY-ST-ZIP BONITA SPRINGS FL 34134

DOCUMENT #
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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*****535.00 *****535.00

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Harvey R. Schecton

Date

Daytime Phone #

(941) 495-1000

CR2E003 (11/00)