

2002 UNIFORM BUSINESS REPORT (UBR)

0015166 AT

DOCUMENT # **A97000001084**

1. Entity Name

TWINEAGLES DEVELOPMENT COMPANY, LTD.

FILED

02 MAY -3 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**3451 BONITA BAY BLVD., STE. 202
BONITA SPRINGS FL 34134**

Mailing Address

**3451 BONITA BAY BLVD., STE. 202
BONITA SPRINGS FL 34134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number **59-3449667**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RESOURCE CONSERVATION PROPERTIES, INC.
3451 BONITA BAY BLVD., SUITE 202
BONITA SPRINGS FL 34134**

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.

DATE

9. Capital Contributions
as Shown on record.

\$18,557,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$18,557,500.00

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Harvey H. Schestag

4/25/02 239-495-1000

Date

Daytime Phone #

CR2E003 (9/01)