

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001084	
1. Entity Name THE ESTATES AT TWINEAGLES, LTD.	

FILED
03 MAY -6 PM 7:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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
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2. Principal Place of Business 9990 Coconut Rd.	3. Mailing Address 9990 Coconut Rd.	DUE BY MAY 1, 2003	
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200	4. FEI Number 59-3449667	Applied For Not Applicable
City & State Bonita Springs FL	City & State Bonita Springs FL	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
Zip 34135	Country USA	Zip 34135	Country USA

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) 9990 Coconut Road Suite 200 City Bonita Springs FL Zip Code 34135
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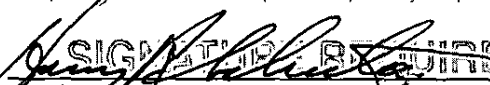
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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. \$535.00
11. MAKE CHECK PAYABLE TO FL. 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	L00000010191 RCP/TE MANAGEMENT LLC 3451 BONITA BAY BLVD., SUITE 202 BONITA SPRINGS FL 34134	STREET ADDRESS CITY-ST-ZIP	9990 Coconut Road: Suite 200 Bonita Springs FL 34135
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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: 	1/31/03 239-495-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #

0015421 AT

CR2E003 (10/02)

STAPLE CHECK HERE