2001 UNIFORM BUSINESS REPORT (UBR)

SÉE SIGNATURE BLOCK ATTACHED --

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERA PARTNER

SIGNATURE: _

				<u> </u>				•	
DOCUMENT # A9800001378 1. Entity Name WELLINGTON SHORES-WELLINGTON LIMITED PARTNERSHIP						FILI	ED		
						01 MAY -9 PM 4: 35			
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE. FLORIDA				
C/O JAMES K. GRIFFIN. JR. 1401 EAST BROWARD BLVD., SUITE 302 FT. LAUDERDALE FL 33301-2116		% MARK PORATH 16133 VENTURA BLVD., ST ENCINO CA 91436	133 VENTURA BLVD., STE. 1400		1,188,181	IALLAHASSEE. FLORIDA			
2. Principal Place of Business		3. Mailing Address	-						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			7/19	DO NOT WRITE IN	N THIS SP	ACE MJH	
City & State		City & State			4. FEI Numbe	95-4692947		Applied For Not Applicable	
Zip Country		Zip	Country		5. Certificate	of Status Desired		B.75 Additional	
6. Name and	Address of Current	Registered Agent		_	7. Name and	Address of New Regis	tered Ag	ent	
ODERNA IAMEO K				Name	٠		- -		
GRIFFIN, JAMES K VICTORIA PARK CENTER				Street Address (P.O. Box Number is Not Acceptable)					
1401 EAST BROWARD BLVD., SUITE 302									
FT. LAUDERDALE FL 33301-2116				City FL Zip Code				Zip Code	
8. The above named entity sub	omits this statement for	the purpose of changing its	registere	ed office or regis	stered agent, or both	n, in the State of Florida.			
SIGNATURE Signature, typed or prin	ted name of registered agent a	nd title if applicable. (NOT	: Registered	d Agent signature requ	ired when reinstating)		DATE		
	\$1,087,056.00	10. Amount of Capit in FLORIDA to d	ite.	1,996	.098.49		IDE FOR	D DEPT. OF STATE (
		HAT IS A BUSINESS EN I Y NOT be changed on tis						er.	
12.	GENERAL PARTNER	INFORMATION	13.			ADDRESS CHANGI	ES ONLY		
DOCUMENT # L98000003194 NAME FL MSII/SEPII GP, L.C. STREET ADDRESS 16133 VENTURA BOULEVARD, SUITE 1400		STRE	ET ADDRESS						
STREET ADDRESS 16133 VENTUR ENCINO CA 91		IIIE 1400	CITY-	ST-ZIP	. <u></u>				
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NAME ,			STREE	T ADDRESS			<u> 「欠</u>	V	
CITY-SI-ZIP	TI - V			ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the inforindicated on this report is to the receiver or trustee empo	ue and accurate and t	his filing does not qualify for that my signature shall have to report as required by Chapt s	CITY- the exem	ST-ZIP pption stated in legal effect as i	Section 119.07(3)(i) f made under oath;	, Florida Statutes. I furth that I am a General Part	ner certify ther of the	that the information	

498000001378

Form: 2001 Uniform Business Report (UBR)

WELLINGTON SHORES-WELLINGTON LIMITED PARTNERSHIP, A Florida Limited Partnership

FL MSII/SEPII GP, L.C., A Florida limited liability company General Partner

Hearthstone By:

A California Corporation

Manager

By:

Chief Financial Officer And Senior Vice President

4/24/01 3,8/385-0005