2002 UNIFORM BUSINESS REPORT (UBR)

FILED
'02 FEB 13 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007891 AT

DOCUMENT # A99000001147

1. Entity Name

VILLAS AT NARANJA, LTD.

Principal Place of Business	Mailing Address
4250 ALAFAYA TRAIL #212-330 OVIEDO FL 32765-9424	4250 ALAFAYA TRAIL #212-330 OVIEDO FL 32765-9424

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 59-3589861 ☐ 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
MCPHILLIPS, JACQUELINE 5505 NORTH ATLANTIC AVENUE, SUITE 115 COCOA BEACH FL 32931	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. $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	13.	ADDRESS CHANGES ONLY
DOCUMENT #	P99000062714	STREET ADDRESS	
NAME	BLUE NARANJA, INC.		
STREET ADDRESS	5505 N. ATLANTIC AVE., STE. 115	CITY-ST-ZIP	200005022102--5
CITY-ST-ZIP	COCOA BEACH FL 32931		-02/26/02--01073--029
DOCUMENT #	N98000000959	STREET ADDRESS	****158.75 ****158.75
NAME	NATIONAL DEVELOPMENT FOUNDATION, INC.		
STREET ADDRESS	4250 ALAFAYA TRAIL, #212-330	CITY-ST-ZIP	
CITY-ST-ZIP	OVIEDO FL 32765-9424		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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NAME			
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CITY-ST-ZIP			

CR2E003 (9/01)

STAPLE CHECK HERE

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: Cynthia K. Spivak 1-29-02

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