2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800000695				FILED			
1. Entity Name MDC SOUTHWEST LTD. 1				SECRETARY OF STATE DIVISION OF CORPORATIONS			
					OD APR 17 AHII: 43		
Principal Place of Business C/O MEADOWLAND DEVELOPMENT CORP. 1220 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483		Mailing Address C/O MEADOWLAND DEVELOPMENT CORP. 1220 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483-6516		IT CORP.			
2. Principal P	lace of Business .	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	e	City & State			4. FEI Number 65-0820874 Applied For Not Applicable		
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent		
SEACH, WILLIAM R				Name ·	and the second of the second 		
C/O MEADOWLAND DEVELOPMENT CORP.				Street Address (P.O. Box Number is Not Acceptable)			
1220 SOUTH OCEAN BLVD. DELBAY REACH EL 33483							
DELRAY BEACH FL 33483				City FL Zip Code			
SIGNATURE					stered agent, or both, in the State of Florida.		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION							
45 01104411	A GENERAL PARTNER T	HAT IS A BUSINESS EN	ITITY M	UST BE REGI	ISTERED AND ACTIVE WITH THIS OFFICE.		
	NOTE: General Partners MA	Y NOT be changed on the	he form	; an amendm	tent must be filed to change a general partner. ADDRESS CHANGES ONLY		
12. DOCUMENT#	GENERAL PARTNER J79880	RINFORMATION	13.		ADDRESS CHANGES ONLY		
NAME	MEADOWLAND DEVELOPMENT CORP.		STRE	ET ADDRESS			
STREET ADDRESS CITY - ST - ZIP	DELRAY BEACH FL 33483		ĊΠΥ	- ST- ZIP	500803229485?		
DOCUMENT # NAME			STRE	ET ADORESS	-04/28/0001097006 ****150.00 ****150.00		
STREET ADDRESS CITY-ST-ZIP			СПУ	-ST-ZIP			
Document# Name	1		STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		· 	CITY	-ST-ZIP			
Document# Name			STRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			СПУ	-ST-ZIP			
name Name			STRE	ET ADORESS			
STREET ADORESS CITY-ST-ZIP			СПУ	-ST-ZIP	<u>· </u>		
DÉCUMENT# NAME	·		STRE	ET ADDRESS			
STREET ADDRESS CITY+ST+ZIP				-ST-ZIP			
indicated	certify that the information supplied with on this report is true and accurate and rer or trustee empowered to execute thi	that my signature shall have.	the same	e legal effect as i	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership of		