

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30558**

1. Entity Name

THE FAIRWAYS GROUP OF DELAWARE LIMITED PARTNERSH

FILED

00 JUN 14 AM 9:54

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9540 CENTER ST SUITE 300 MANASSAS VA 20110	Mailing Address 9540 CENTER ST SUITE 300 MANASSAS VA 20110-5550
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2. Principal Place of Business 331 S. Florida Avenue Suite, Apt. #, etc. Suite 41	3. Mailing Address 331 S. Florida Avenue Suite, Apt. #, etc. Suite 41
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City & State Lakeland, Florida	City & State Lakeland, Florida	4. FEI Number 54-1534085	Applied For Not Applicable
Zip 33801	Country USA	Zip 33801	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$99.00	10. Amount of Capital Contributions in FLORIDA to date. - 0 -	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # 0010000000 NAME THE FAIRWAYS GROUP ASSOCIATES STREET ADDRESS 9540 CENTER ST, SUITE 300 CITY - ST - ZIP MANASSAS VA 22110	STREET ADDRESS _____ CITY - ST - ZIP _____
DOCUMENT # F93000003104 NAME Fairways Golf Corporation STREET ADDRESS 331 South Florida Avenue, Suite 41 CITY - ST - ZIP Lakeland, FL 33801	STREET ADDRESS _____ CITY - ST - ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	STREET ADDRESS _____ CITY - ST - ZIP _____
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DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	STREET ADDRESS _____ CITY - ST - ZIP _____

STREET ADDRESS _____	7000003293247-0
CITY - ST - ZIP _____	-06/15/00--01162--004
STREET ADDRESS _____	***199.75 ***141.25
CITY - ST - ZIP _____	FF \$141.25
STREET ADDRESS _____	
CITY - ST - ZIP _____	
STREET ADDRESS _____	
CITY - ST - ZIP _____	
STREET ADDRESS _____	
CITY - ST - ZIP _____	

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 REQUIRED Date: 4/24/00 Daytime Phone # _____