


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015085 AT

DOCUMENT # A33020 1. Entity Name NATIONAL FAIRWAYS, LTD.	
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FILED

2003 JAN -9 AM 11:43

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business P.O. BOX 930 SANIBEL FL 33957	Mailing Address P.O. BOX 930 SANIBEL FL 33957
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003	
4. FEI Number 65-0313584	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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KENT, ROBERT 2665 WEST GULF DRIVE, #2 P.O. BOX 930 SANIBEL FL 33957-0930	Name Street Address (P.O. Box Number is Not Acceptable) City
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Name Street Address (P.O. Box Number is Not Acceptable) City	State: FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,930,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. 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	
DOCUMENT #	P39113
NAME	FAIRWAYS GENERAL PARTNER, INC.
STREET ADDRESS	2665 W. GULF DR. #2
CITY-ST-ZIP	SANIBEL FL 33957
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	400009982664 01/09/03--01029--012 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
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 1-6-03

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

CR2E003 (10/02)