


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 |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---------------------------------|---|
| 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 |
|--|------------------------------|

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.

| | | |
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| 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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|---------------------------------------|--------------------------|--|
| DOCUMENT # | P39113 | STREET ADDRESS | |
| NAME | FAIRWAYS GENERAL PARTNER, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 2665 W. GULF DR. #2 | STREET ADDRESS | |
| CITY-ST-ZIP | SANIBEL FL 33957 | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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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)