

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016333 AT

DOCUMENT # A00000000312



FILED
03 MAY -6 PM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. Entity Name GENESIS CUSTOM HOMES, LTD.	
Principal Place of Business 1827 TRADE CENTER WAY, SUITE 3 NAPLES FL 34109	Mailing Address 1827 TRADE CENTER WAY, SUITE 3 NAPLES FL 34109



2. Principal Place of Business 2100 TRADE CENTER WAY		3. Mailing Address SAME	
Suite, Apt. #, etc. SUITE D		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 65-1023838				Applied For	
				Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MUSUMANO, PATSY 1827 TRADE CENTER WAY, SUITE 3 NAPLES FL 34109			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			Zip Code		
			2100 TRADE CENTER WAY SUITE D NAPLES FL 34109		

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: PATSY MUSUMANO DATE: 4/29/03

9. Capital Contributions as Shown on record. \$1,335,000.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	P0000011685 GENESIS CUSTOM HOMES OF SOUTHWEST FL, INC. 1827 TRADE CENTER WAY, SUITE 3 NAPLES FL 34109	STREET ADDRESS CITY-ST-ZIP	2100 TRADE CENTER WAY, SUITE D
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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 REQUIRED** DATE: 4/29/03 Daytime Phone #

CRZE003 (10/02)

STAPLE CHECK HERE