2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   A00000000287

1. Entity Name

HAVANA DRIVE SELECT HOME LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
400 S. DIXIE HWY. STE. #121 BOCA RATON FL 33432	400 S. DIXIE HWY. STE. #121 BOCA RATON FL 33432

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	**3.** Mailing Address	**DUE BY MAY 1, 2002**	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** FEI Number 65-0983104	Applied For / Not Applicable
City & State	City & State		
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
SCHLESS, MARIA 400 S. DIXIE HWY. STE. #121 BOCA RATON FL 33432	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 _____
Signature, typed or printed name of registered agent and title if applicable.
DATE

9. Capital Contributions as Shown on record. **$100,000.00**	**10.** Amount of Capital Contributions in FLORIDA to date. *100,000*	**11. MAKE CHECK PAYABLE TO DEPT. OF STATE** SEE REVERSE SIDE FOR FEE INFORMATION

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 # P99000072205 NAME SELECT HOMES DEVELOPMENT, INC. STREET ADDRESS 400 S. DIXIE HWY. STE. #121 CITY-ST-ZIP BOCA RATON FL 33432	STREET ADDRESS CITY-ST-ZIP
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CR2E003 (9/01)

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: _Melodie Remharia Schless_   4 16-2002 (561) 347-8105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #