## 2001 UNIFORM BUSINESS REPORT (URB)

| DOCU                                                                                                  | JMENT                                                                                                 | # A0000                                                                            | 0000031                                                        | 2                    | :                           |                                                            |                                                     | ~Q~                                                                 |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------|-----------------------------|------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------|
| GENESIS CUSTOM HOMES, LTD.                                                                            |                                                                                                       |                                                                                    |                                                                |                      |                             | FILED                                                      |                                                     |                                                                     |
| Principal Place of Business 1827 TRADE CENTER WAY. SUITE 3 NAPLES FL 34109                            |                                                                                                       |                                                                                    | Mailing Address 1827 TRADE CENTER WAY, SUITE 3 NAPLES FL 34109 |                      |                             | O1 MAR 28 AM 7: 14  SECRETARY OF STATE TALLAHASSEE ELOPIDA |                                                     |                                                                     |
| Principal Place of Business     Address     Mailing Address                                           |                                                                                                       |                                                                                    |                                                                |                      | : :                         |                                                            |                                                     |                                                                     |
| Suite, Apt. #, etc. Su                                                                                |                                                                                                       |                                                                                    | Suite, Apt. #,                                                 | Suite, Apt. #, etc.  |                             | DO NOT WRITE IN THIS SPACE                                 |                                                     |                                                                     |
| City & State City & State                                                                             |                                                                                                       |                                                                                    |                                                                |                      |                             | 4. FEI Number                                              | -102-31                                             | Applied For Not Applicable                                          |
| Zip Country                                                                                           |                                                                                                       | Zip                                                                                | Cour                                                           | itry <sup>1</sup>    | 5. Certificate of           | of Status Desired                                          | \$8.75 Additional Fee Required                      |                                                                     |
|                                                                                                       | NO, PATSY<br>DE CENTER                                                                                | and Address of Current WAY, SUITE 3                                                | Registered Agent                                               |                      | Name Street Addres          | 7. Name and A                                              | Address of New Regis                                | FL Zip Code                                                         |
| 8. The above                                                                                          | named entity                                                                                          | submits this statement for                                                         | or the purpose of cha                                          | anging its register  | ed office or regis          | stered agent, or both                                      | i, in the State of Florida                          | <u> </u>                                                            |
| SIGNATURE                                                                                             | Signature, typed                                                                                      | or printed name of registered agent                                                | and title if applicable.                                       | (NOTE: Registere     | j<br>d Agent signature requ | ired when reinstating)                                     |                                                     | DATE                                                                |
| 9. Capital Contributions as Shown on record. \$1,335,000-00 10. Amount of Capital Cin FLORIDA to date |                                                                                                       |                                                                                    |                                                                |                      |                             |                                                            | SEE REVERSE S                                       | AYABLE TO DEPT. OF STATE<br>IDE FOR FEE INFORMATION                 |
| 40                                                                                                    |                                                                                                       | GENERAL PARTNER T<br>General Partners MA                                           | AY NOT be chang                                                |                      |                             |                                                            | to change a gener                                   | al partner.                                                         |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP                                                            | P0000011685 GENESIS CUSTOME HOMES OF SOUTHWEST FL,INC. 1827 TRADE CENTER WAY, SUITE 3 NAPLES FL 34109 |                                                                                    |                                                                |                      | ET ADDRESS<br>-ST-ZIP       |                                                            | ADDRESS CHANG                                       | ES ONLY                                                             |
| DOCUMENT # NAME STREET ADDRESS                                                                        |                                                                                                       |                                                                                    |                                                                |                      | ET ADDRESS                  | 60:                                                        | <del>000335</del><br>-04/05/01-                     | 1056                                                                |
| DOCUMENT #                                                                                            |                                                                                                       |                                                                                    |                                                                | STRE                 | ET ADDRESS                  |                                                            | ****526.                                            | <del>25 *****526.25</del>                                           |
| STREET ADDRESS<br>CITY-ST-ZIP                                                                         |                                                                                                       | ·                                                                                  | ٠                                                              | CITY                 | ST-ZIP                      | , r- 4                                                     | -                                                   |                                                                     |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP                                                            | 2                                                                                                     |                                                                                    |                                                                |                      | ET ADDRESS                  |                                                            |                                                     |                                                                     |
| DOCUMENT #                                                                                            | ;                                                                                                     | 21.2.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.                                            | •                                                              | STRE                 | ET ADDRESS                  |                                                            |                                                     |                                                                     |
| STREET ADDRESS<br>CITY-ST-ZIP                                                                         |                                                                                                       |                                                                                    |                                                                | CITY                 | ST-ZIP                      |                                                            | •                                                   |                                                                     |
| DOCUMENT #<br>NAME<br>STREET ADDRESS                                                                  |                                                                                                       |                                                                                    |                                                                | STRE                 | ET ADDRESS                  |                                                            | 7484.334                                            |                                                                     |
| indicated                                                                                             | on this report                                                                                        | information supplied with<br>is true and accurate and<br>empowered to execute this | that my signature sh                                           | qualify for the exer | legal effect as it          | Section 119.07(3)(i),<br>f made under oath; the            | Florida Statutes. I furth<br>hat I am a General Par | ner certify that the information ther of the limited partnership or |