

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000312

1. Entity Name
GENESIS CUSTOM HOMES, LTD.



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

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

3. Mailing Address

2100 TRADE CENTER WAY

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE D

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-1023838

Applied For

Not Applicable

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

MUSUMANO, PATSY

1827 TRADE CENTER WAY, SUITE 3
NAPLES FL 34109

2100 TRADE CENTER WAY
SUITE D

Name

Street Address (P.O. Box Number is Not Acceptable)

2100 Trade Center Way

SUITE D

City

NAPLES

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

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

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 # P00000011685
NAME GENESIS CUSTOM HOMES OF SOUTHWEST FL, INC.
STREET ADDRESS 1827 TRADE CENTER WAY, SUITE 3
CITY-ST-ZIP NAPLES FL 34109

STREET ADDRESS 2100 TRADE CENTER WAY, SUITE D
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

4/29/03

Date

Daytime Phone #

CR2E003 (10/02)

001633 AT