

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 20, 2001 08:00 AM****Secretary of State****DOCUMENT # A00000000348**1. Entity Name
WILD PINES OF NAPLES, PHASE II, LTD.

Principal Place of Business	Mailing Address
27401 COUNTRY CLUB DRIVE	27401 COUNTRY CLUB DRIVE
BONITA SPRINGS FL 34134	BONITA SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0454492

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**CONROY J. THOMAS III**
MORRISON & CONROY, P.A.
3838 TAMiami TRAIL NORTH, SUITE 402
NAPLES FL 34103 US**7. Name and Address of New Registered Agent**

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 _____ DATE **09/20/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. **10.00**10. Amount of Capital Contributions
in FLORIDA to date. **10.00****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 #	NICHOLSON LIMITED PARTNERSHIP 3838 TAMiami TRAIL NORTH, SUITE 402 NAPLES FL 34103	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: **Alexander W. Nicholson, Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNERMr. **09/20/2001**

Date

Daytime Phone #

CR2E003 (11/00)