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2001 UNIFORM BU	SINESS REPORT	T (UBR)		
	00000464		St. M. Market,	
951 LAND HOLDINGS, LTD.	•		FILED	
Principal Place of Business	Mailing Address		01 MAY 11 PN 12: 25	
3470 CLUB CENTER BLVD NAPLES FL 34114-0816	3470 CLUB CENTER BLVD NAPLES FL 34114-0816		SECRETARY OF STATE TALLAHASSEE ELOPIDA	
2. Principal Place of Business 200 Tamiami TRail N.	3. Mailing Address 3200 Tamiami	Trail N.	1 (48,00) 101) 88,00 88,00 88,00 88,00 88,00 88,00 88,00 88,00 88,00 88,00 88,00 88,00 88,00 88,00 88,00 8 	
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 200		DO NOT WRITE IN THIS SPACE	
City & State	City & State Naples FI		4. FEI Number 59-3684895 Applied For Not Applicable	
Zip Country	Zip Co	ountry	5 Certificate of Status Desired \$8.75 Additional	
6. Name and Address of Curre	34103		7. Name and Address of New Registered Agent	
o. Name and Address of Curre	nit riegisterett Agent	Name	7. Hame and Address of New Tegistered Agent	
WOODWARD, MARK J 801 LAUREL OAK DRIVE, STE 710		Street Address (P.O. Box Number is Not Acceptable) iami Trail N., Suite 200	
NAPLES FL 34108				
		City	les FL Zip Code 34103	
3. The above named entity submits this statement	t for the purpose of changing its regis			
SIGNATURE Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Regis	stered Agent signature required	When reinstating) DATE	
9. Capital Contributions as Shown on record. \$4,880,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$4,809,322.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
			TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.	
2. GENERAL PARTI	NER INFORMATION	13.	. ADDRESS CHANGES ONLY	
MO0000000677 MANE 951 LAND HOLDINGS, LLC		STREET ADDRESS		
TREET ADDRESS 3470 CLUB CENTER BLVD NAPLES FL 34114-0816		CITY-ST-ZIP	8000044205286 -06/14/0101101010	
OCUMENT #		STREET ADDRESS	****535.00 ****535.00	
TREET ADDRESS ITY-ST-ZIP	C	CITY-ST-ZIP		
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TREET ADDRESS ITY-ST-ZIP		CITY-ST-ZIP		
OCUMENT ≠ AME	s	STREET ADDRESS		
TREET ADDRESS ITY-ST-ZIP		CITY-ST-ZIP		
OCUMENT # 2	s	STREET ADDRESS		
TREET ADDRESS ITY-S1-ZIP		CITY-ST-ZIP		
 I hereby certify that the information supplied windicated on this report is true and accurate a the receiver or trustee empowered to execute. 	vith this filing does not qualify for the e nd that my signature shall have the sa this report as required by Chapter 62	exemption stated in Se ame legal effect as if m O. Florida Statutes	ction 119.07(3)(i), Florida Statutes, I further certify that the information hade under oath; that I am a General Partner of the limited partnership or	

4/25/01 Date

941-732-9400 Daylime Phone #

Aubray J. Ferra Authorized AgentSIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER