2001	UNI	FOF	IM BUSI	NESS REPO	RT	(UBF	3)				
DOCUMENT # A0000000560							÷				
TURNBERRY WOODS AT THE STRAND LIMITED PARTNERSHI								FILED			
Principal Place of Business 4375 DOVER COURT. SUITE 102 A375 DOVER COURT. SUITE 102 A375 DOVER COURT. S NAPLES FL 34105					E 102			01 MAR 15 SECRETAR TALLAHASS	5 AN IO: 2 Y OF STATE SEE, FLORID II IIII IIII IIII IIII	7 2 1 14 111 16 111 16 111	' D R Bairs anns anns agus saga
2. Principal Place of Business 4771 Alberton Court Suite, Apt. #, etc. #3502 City & State				3. Mailing Address 477.1 Alberton Suite, Apt. #, etc. #3502 City & State	urt		DO NOT WRITE IN THIS SPACE 4. FEI Number			Applied For	
Naples, Zip 34105	Country USA 6. Name and Address of Current Re			Naples, FL Zip 34105		Country USA		5. Certificate of			8.75 Additional se Required
BATEMAN & MARTIN DEVELOPMENTS, INC. 4375 DOVER COURT, SUITE 102 NAPLES FL 34105 8. The above named entity submits this statement for the paperpose of changing its re-											Zip Code 34105
SIGNATURE .	or printed r	Au //				re required	d when reinstating)		3/5/20		
9. Capital Contributions as Shown on record. \$600,000.00				in FLORIDA to d	ate.	\$600,00			SEE REVER	SE SIDE FOR	O DEPT. OF STATE FEE INFORMATION
	ral Partners MAY	AT IS A BUSINESS EN NOT be changed on the		n; an ame			to change a ge	neral partr			
NAME STREET ADDRESS	BATEMAN & MARTIN DEVELOPMENTS, INC. ET ADDRESS 4375 DOVER COURT, SUITE 102							ADDRESS CHANGES ONLY 4771 Alberton Court, #3502 Naples, FL 34105			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		_			ł	REET ADDRESS Y-ST-ZIP		30	00003 -03/21	889: /0101	¥736 011013
DOCUMENT / NAME : STREET ADDRESS	AME :						· ·	****526.25 *****526.25			
CITY-ST-ZIP DOCUMENT # NAME		<u></u>		. "	_	Y-ST-ZIP			· 		
STREET ADDRESS CITY-ST-ZIP					CIT	Y-ST-ZIP					
DOCUMENT # NAME		,	· · · · · · · · · · · · · · · · · · ·		STR	REET ADDRESS					

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURÉ:

STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

NAME -STREET ADBRESS

STUNE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER