1	2 UNII	FORM BUS	INESS REPO	RT	(UBR)	•	
DOGUMENT # A0000001889					<u> </u>	APPKUVE AND FILED	
201 SPANISH TRAIL DEVELOPMENT PARTNERS, LTD.					02 APR 19 PM 12: 02		
Principal Place of Business Mailing Address							
464 ADDISON PARK LANE BOCA RATON FL 33432			464 ADDISON PARK LANE BOCA RATON FL 33432			SECRETARY OF STATE TALL AHASSEE, FLORIDA	
2. Principal Place of Business 3. Mailing Address				<del> </del>			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2002	
City & State			City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For Not Applicable	
- ₹Zip* - ₹	75.2 V.S.	≂Country. *****	- •Zip	Cour	ntry .: 🖟 🚁 : ఇంకాల	5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent					T	7. Name and Address of New Registered Agent	
201 SPANISH TRAIL DEVELOPMENT PARTNERS, IN 464 ADDISON PARK LANE BOCA RATON FL 33432					Name  Street Address (P.O. Box Number is Not Acceptable)  City		
The above named entity submits this statement for the purpose of changing its registered office or registered a  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.					DATE		
9. Capital Contributions as Shown on record.  \$1,000,000-00  10. Amount of Capita in FLORIDA to day				ate.		SEE REVERSE SIDE FOR FEE INFORMATION	
	A G NOTE:	ENERAL PARTNER 1 General Partners MA	THAT IS A BUSINESS EN NY NOT be changed on th	TITY M ne form	IUST BE REGI! n; an amendme	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION 13						ADDRESS CHANGES ONLY	
DOCUMENT / NAME STREET ADDRESS	201 SPANISH TRAIL DEVELOPMENT PARTNERS,INC				EET ADORESS		
CITY-ST-ZIP	BOCA RATON FL 33432				'-ST-ZIP	1000054519219 -05/06/02 01013 006 ****\$26.25 ****\$26.25	
NAME Street address:					EET ADDRESS	*****OLD.CO *****OLD.CO	
DDCUMENT #	was property of the second of			CITY	ST: ZIP!		
NAME STREET ADDRESS				STRE	EET ADDRESS		
CITY-ST-ZIP				CITY	-ST-ZIP		
DOCUMENT # NAME				STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	·	
DOCUMENT #		,		STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		

14. I hereby certify that the information supplied with this filling 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 anothat my signature shall lave 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 at required by Chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: RICHARDA

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

3/4/02 (861) 495-0309 Date Daytirre Phone #