2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000035

1. Entity Name

ESSON PROPERTIES, LTD.

Principal Place of Business	Mailing Address
8477 BAY COLONY DRIVE. 12 NORTH NAPLES FL 34108	8477 BAY COLONY DRIVE. 12 NORTH NAPLES FL 34108

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	**3.** Mailing Address 5811 Pelican Bay Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 600	**DUE BY MAY 1, 2002**
City & State	City & State Naples, Florida	**4.** FEI Number 65-1093568	Applied For Not Applicable
Zip	Country	Zip 34108	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**
NEUHARTH, GAIL K ESQ. 5811 PELICAN BAY BLVD., SUITE 600 NAPLES FL 34108	Name FOWLER WHITE MYERS KRAUSE Street Address (P.O. Box Number is Not Acceptable) 5811 Pelican Bay Blvd. Ste 600 City Naples **FL** Zip Code 34108

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.

FOWLER WHITE MYERS KRAUSE

SIGNATURE By: _Andrew Krause_   /Andrew J. Krause   4-9-02

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

9. Capital Contributions as Shown on record. **$10,000,000.00**	**10.** Amount of Capital Contributions in FLORIDA to date. $1,500,000	**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 # NAME STREET ADDRESS CITY-ST-ZIP	P01000002623 ESSON PROPERTIES, INC. 8477 BAY COLONY DRIVE, 12 NORTH NAPLES FL 34108	STREET ADDRESS CITY-ST-ZIP	5811 Pelican Bay Blvd, Ste 600 Naples, Florida 34108
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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_   239-598-1221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

CR2E003 (9/01)