

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 10 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000167

1. Entity Name

GOPHER RIDGE I LIMITED PARTNERSHIP

Principal Place of Business

2711 CENTERVILLE ROAD, SUITE 400
WILMINGTON DE 19808

Mailing Address

2711 CENTERVILLE ROAD, SUITE 400
WILMINGTON DE 19808

2. Principal Place of Business

4210 Metro Parkway

Suite, Apt. #, etc.

Suite 250

City & State

Ft. Myers, FL

Zip

33916

Country

US

3. Mailing Address

4210 Metro Parkway

Suite, Apt. #, etc.

Suite 250

City & State

Ft. Myers, FL

Zip

33916

Country

US

DUE BY MAY 1, 2002

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Stephen W. Ryan

Street Address (P.O. Box Number is Not Acceptable)

4210 Metro Parkway Suite 250

City

Ft. Myers

FL

Zip Code

33916

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

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

4/1/02

9. Capital Contributions
as Shown on record.

\$10,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # L01000001704
NAME COLLIER CITRUS MANAGEMENT, L.L.C.
STREET ADDRESS 4210 METRIC PARKWAY, SUITE 250
CITY-ST-ZIP FT. MYERS FL 33916

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/1/02

Date

Daytime Phone #

0018944 AB

CR2E003 (9/01)