2003 LIMITED PARTNERSHIP

UNIFORM BUSINESS REPORT (UBR) A0200000248 DOCUMENT # 1. Entity Name FILED BELLAVISTA AT MIROMAR LAKES LIMITED PARTNERSHIP 03 MAR 17 AM 11: 20 Principal Place of Business 4770 ALBERTON COURT. SUITE 2602 Mailing Address SECRETARY OF STATE 4770 ALBERTON COURT, SUITE 2602 NAPLES FL 34105 TALLAHASSEE, FLORIDA NAPLES FL 34105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number Applied For 27**9**003082 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NOVATT, JEFF M ESQ. Bateman, Arthur L. Street Address (P.O. Box Number is Not Acceptable) 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES FL 34102 4770 Alberton Court, Suite #2602 City Naples. 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept A.L. BATEMAN SIGNATURE ne of registered agent and title if applicable. 10. Amount of Capital Contributions in FLORIDA to date. 1,200,000.00 9. Capital Contributions \$1,200,000.00 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record. 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 P01000122280 DOCUMENT # STREET ADDRESS BELLAVISTA AT MIROMAR LAKES, INC. NAME 4770 ALBERTON COURT, SUITE 2602 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP 100014242811 DOCUMENT # 03/17/03--01071--018 **525.25 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP C/TY-ST-7iP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

CR2E003 (10/02)