2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A02000000818 DOCUMENT # 1. Entity Name COUNTRYSIDE MANORS, LLLP FILED 03 JAN 15 AM 10: 55 Principal Place of Business Mailing Address 7661 SW 146TH STREET 7661 SW 146TH STREET MIAMI FL 33158 **MIAMI FL 33158** SECRETARY OF STATE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Äpt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number Applied For 03-0463521 Not Applicable Zip Country Zip 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 GONZALEZ, JULIO J Street Address (P.O. Box Number is Not Acceptable) 7661 SW 146TH STREET MIAMI FL 33158 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$3,000,000.00 as Shown on record. in FLORIDA to date. 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 # P01000001478 CR2E003 (10/02) STREET ADDRESS NAME STONEGATE HOMES, INC. 7661 SW 146TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33158 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

STREET ADDRESS

CITY-ST-ZIP ...

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

DOCUMENT #

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Date

Date

Date

Date

Date

Date

Description

Desc