2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A02000000853
	TOE TOUCOUC

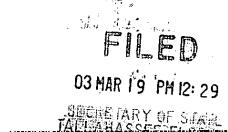
1. Entity Name

SOUTH FLORIDA LAND DEVELOPMENT GROUP LIMITED PAR **TNERSHIP**



Principal Place of Business 11228 BOARDWALK PLACE FT. MYERS FL 33908

Mailing Address 11228 BOARDWALK PLACE FT. MYERS FL 33908



2. Principal Place of BusinessCIO SS/ATS 3. Mailing Address					T (BB185) (815 EB1)0 11815 EB1)1 AB311 BB311 BB311 BB311 EB191 10191 10191 LINGS 1151 1087				
1500 Color	rial Blud	5	ec	2.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003					
City & State City & State		4. FEI Number		}	plied For				
It. Myers	FC				55 - 0789599 Not Appl		t Applicable		
zip 33907	Country USA	Zip	Cour	ntry	5. Certificate of Status	Desired		\$8.75 Additional Fee Required	
	and Address of Current	t Registered Agent 7. Name and Address of New Registered Agent							
JARRETT, DENISE 11228 BOARDWALK FT. MYERS FL 3390				Street Addre	ss (P.O. Box Number is Not A	ccentable)	· Service ite 23		
			_		+ Myers,	F		33707	
the obligations of regis	tered agent	ue (ts)register	ed office or regi	istered agent, or both, in the S	03/06/0	3	and accept	

10. Amount of Capital Contributions

9. Capital Contributions as Shown on record.

\$10,000,000.00

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 MAT NOT be changed on the form, an amendment must be med to change a general partner.								
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY					
DOCUMENT # NAME	P0000004636 KLINK DEVELOPMENT, CORP.	STREET ADDRESS	1500 Colonial Blud Suite 235					
STREET ADDRESS 12995 S. CLEVELAND AVENUE, SUITE 38 CITY-ST-ZIP FT. MYERS FL 33907	CITY-ST-ZIP	Fort Myers, FL 33907						
DOCUMENT # NAME	P02000015796 KDM DEVELOPERS, INC.	STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	11228 BOARDWALK PLACE FT. MYERS FL 33908	CITY-ST-ZIP	000014382170 					
DOCUMENT #	,	STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP						
DOCUMENT # NAME		STREET ADDRESS	·					
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	` <u> </u>						
DOCUMENT # NAME		STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	3/24/18					
DOCUMENT # NAME		STREET ADDRESS	-/ um					
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

RDIETHARIIRGNA **SIGNATURE**

03/06/2003 239.939.1253