

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2001 08:00 AM****Secretary of State****DOCUMENT # A20644**1. Entity Name
FORT MYERS, LTD.**Principal Place of Business**1100 SPRING STREET, N.W.
SUITE 550
ATLANTA
303092848

GA

Mailing Address1100 SPRING STREET, N.W.
SUITE 550
ATLANTA
303092848

GA

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**58-1632995**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****DRAGE THOMAS BESQ.****DRAGE DEBEAUBIEN KNIGHT SIMMONS ROMANO & N**
332 NORTH MAGNOLIA AVENUE**ORLANDO****FL****32802****US**

Name

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

City

FL

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.SIGNATURE **THOMAS B. DRAGE, ESQ.****02/01/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributionsas Shown on record. **2,840,545.71****10. Amount of Capital Contributions**in FLORIDA to date. **2,840,545.71****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 **SELIG ENTERPRISES, INC.**
STREET ADDRESS **1100 SPRING ST, NW #550**
CITY-ST-ZIP **ATLANTA GA 30309**STREET ADDRESS **1100 SPRING ST, NW #550**
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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: **William J. Dankins, Esq.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SVP

02/01/2001

Date

Daytime Phone #

CR2E003 (11/00)