2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A25594

1. Entity Name

WINTER HAVEN OAKS, LTD.

FILED

02 APR 25 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6160 SO. SYRACUSE WAY
GREENWOOD VILLAGE CO 80111

Mailing Address
6160 SO. SYRACUSE WAY
GREENWOOD VILLAGE CO 80111

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

DUE BY MAY 1, 2002

4. FEI Number 65-0023338 — Applied For — Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. $2,844,797.21

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F93000004837	STREET ADDRESS	
NAME	CHATEAU COOMUNITIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	6160 SO. SYRACUSE WAY		
CITY-ST-ZIP	GREENWOOD VILLAGE CO 80111		
DOCUMENT #		STREET ADDRESS	200005451122--3
NAME			-05/03/02--01100--001
STREET ADDRESS		CITY-ST-ZIP	****526.25 ****526.25
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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 — Date — Daytime Phone #

001798 AT

CR2E003 (9/01)