

2002 UNIFORM BUSINESS REPORT (UBR)

000143 11

DOCUMENT # **A27462**

1. Entity Name
SUMMERLIN EOLA LAND, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -5 AM 10:04

Principal Place of Business
**215 NORTH EOLA DRIVE
ORLANDO FL 32801**

Mailing Address
**215 NORTH EOLA DRIVE
ORLANDO FL 32801**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
City & State

4. FEI Number
65-0092451

Applied For
 Not Applicable

Zip
Country

Zip
Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOSTER, WILLIAM E.
215 NORTH EOLA DRIVE
ORLANDO FL 32701**

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. **\$1,184,000.00**

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
P96000046584	PARTNER GENERAL, INC.	215 NORTH EOLA DRIVE	ORLANDO FL 32801		

000004912530--5
-02/12/02--01074--011
******526.25 ****526.25**

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

PARTNER GENERAL, INC., a Florida corporation

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/14/02

Date Daytime Phone #

CR2E003 (9/01)