2001 UNIFORM BUSINESS REPORT (UBR)

0013333 AF

DOCUMENT # A29396

1. Entity Name

ADM3 PARTNERS, LTD.

FILED

01 APR -3 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
13817 VIA ROMA CIRCLE CLERMONT FL 34711	P.O. BOX 121799 CLERMONT FL 34712

DO NOT WRITE IN THIS SPACE

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 59-2936169 ☐ Applied For ☐ Not Applicable

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
~~PLEUS, ROBERT J ESQ.~~ ~~255 S. ORANGE AVENUE~~ ~~ORLANDO FL 32801~~	Name Cummings and Nailos, P.A. Street Address (P.O. Box Number is Not Acceptable) 450 E. Hwy. 50, Suite 7 City Clermont FL Zip Code 34711

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 Kristin C. Nailos, Attorney 3-22-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$896,000.00	$400,000.00	

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 #	J80829	STREET ADDRESS	
NAME	P.E.I. HOMES, INC.	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 171799		
CITY-ST-ZIP	CLERMONT FL 34712		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	600003935006--2
NAME		CITY-ST-ZIP	-04/12/01-01101-012
STREET ADDRESS			****526.25 ****526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00) 24

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] 3-27-01 352-243-0125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #