2000 UNIFORM BUSINESS REPORT (UBR)							
DOCUMENT # J. Entity Name	A32423						
BLUEWATER BAY RESOR	T, LTD.						

Mailing Address

FILED 00 MAR 23 PN 3:00

SECRETARY OF STATE

1950 BLUEWATER BLVD. NICEVILLE FL 32578			1950 BLUEWATER BLVD. NICEVILLE FL 32578-3879				SECRETARY OF STATE TALLAHASSEE, FLORIDA																
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2. Principal Place of Business			3. Mailing Address					1 006 11310 11011 01010 1101	I II IIIII WIWII WA	I (I BIBIL B	1811 MEDIA BIBIN 1881												
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE																
City & State			City & State				4. FEI Numbe	59-3098702		-	Applied For Not Applicable]											
Zip Country		Zip	Zip Coun		ntry	5. Certificate of Status Desired S8.75 Add Fee Required																	
	and Address of Current	d Agent			7. Name and Address of New Registered Agent																		
					_	Name																	
TUCKER, RICHARD E				Street Address			(P.O. Box Number is Not Acceptable)																
1950 BLUEWATER BLVD. NICEVILLE FL 32578									•			1											
,	. •				City	FL Zip Code																	
8. The above r	named entity	submits this statement fo	r the purpo	ose of changing its	register	ed office or registe	ered agent, or both	n, in the State of Flor	ida.														
SIGNATURE 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. \$7,094,447.63 In. Amount of Capital in FLORIDA to dat					ate.		•		E SIDE FOR	FEE IN	T. OF STATE IFORMATION												
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.							1_											
DOCUMENT# P36905 NAME BLUEWATER BAY MGMT. CO.					STR	EET ADDRESS						66/6)											
STREET ADDRESS		CITY-ST-ZIP							CR2E003 (9/99)														
DOCUMENT# NAME		FL 32578	·	- 	STR	EET ADORESS	· · · · · · · · · · · · · · · · · · ·			•		75											
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indicated (on this renoi	rt is true and accurate and	that my sid	onature shali have t	the sam	e legal effect as if	Section 119.07(3)(i made under oath;), Florida Statutes. I that I am a General	further cert Partner of t	ify that t	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:

Principal Place of Business

3-14-00 (850)-897-3613

Date Daytime Phone #