

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A33443

1. Entity Name
BONITA BAY LIMITED PARTNERSHIP



FILED

03 MAR -3 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3451 BONITA BAY BLVD.
SUITE 202
BONITA SPRINGS FL 34134-4395

Mailing Address
3451 BONITA BAY BLVD.
SUITE 202
BONITA SPRINGS FL 34134-4395

2. Principal Place of Business

9990 Coconut Rd
Suite, Apt. #, etc.
200

3. Mailing Address

9990 Coconut Rd
Suite, Apt. #, etc.
200

City & State

Bonita Springs FL

City & State

Bonita Springs FL

Zip

34135

Country

USA

Zip

34135

Country

USA

DUE BY MAY 1, 2003

4. FEI Number 65-0361628

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONITA BAY PROPERTIES, INC.
3451 BONITA BAY BLVD.
STE. #202
BONITA SPRINGS FL 34134-4395

7. Name and Address of New Registered Agent

Name

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

9990 Coconut Road
Suite 200

City Bonita Springs

FL

Zip Code

34135

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$5,940,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT # M09234
NAME BONITA BAY PROPERTIES, INC.
STREET ADDRESS 3451 BONITA BAY BLVD., #202
CITY-ST-ZIP BONITA SPRINGS FL 34134

13. ADDRESS CHANGES ONLY

STREET ADDRESS 9990 Coconut Road; Suite 200
CITY-ST-ZIP Bonita Springs FL 34135

DOCUMENT #
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CITY-ST-ZIP

M THOMAS

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 #

1/31/03 239-495-1000

CR2E003 (10/02)