

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001335**

1. Entity Name
TAYLOR WOODROW/KENCO, LTD.

Principal Place of Business
**7120 SOUTH BENEVA ROAD
SARASOTA FL 34238**

Mailing Address
**7120 SOUTH BENEVA ROAD
SARASOTA FL 34238-2850**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0524146**

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

**PESHKIN, JOHN R
C/O TAYLOR WOODROW COMMUNITIES
7120 SOUTH BENEVA ROAD
SARASOTA FL 34238**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$19,497,823.78**

10. Amount of Capital Contributions in FLORIDA to date. **-0-**

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	P94000067591 TWKC, INC. 7120 S. BENEVA ROAD SARASOTA FL 34238
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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: *Paul D. Distefano* **REWORKED, VP** **3-17-200** **941-927-0999**
SIGNATURE AND PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

APPROVED AND FILED

00 APR 11 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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