01/20/02 904-285-8986.

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9500000030 1. Entity Name					FILED			
EXCEL BUILDING, LTD.					02 JAN 23 PM 12: 51			
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
3202 SAWGRASS VILLAGE CIRCLE 3202 SAWGRASS VILLAGE CIF PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 320					-			
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2002			
City & State City & State					4. FEI Number 59	-3285690	Applied For Not Applicable	
Zip Country Zip		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				
			Name					
BARTLETT, BARON 50 HIGHWAY A1A #103				Street Address (P.O. Box Number is Not Acceptable)				
PONTE VEDRA BEACH FL 32082								
				City FL Zip Code			Zip Code	
8. The above	named entity submits this statement (for the purpose of changing its	registere	d office or register	red agent, or both, in th	e State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable.		 		DATE		
9. Capital Contributions as Shown on record. \$300,228.00 In FLORIDA to date.				tions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS EN AY NOT be changed on the	TITY M	UST BE REGIS ; an amendmer	TERED AND ACTIV nt must be filed to d	E WITH THIS OFFICE. change a general partne	er.	
12.	GENERAL PARTNI		13.			DDRESS CHANGES ONLY		
DOCUMENT # NAME	P94000080516 FIRST COAST DEVELOPMENT GROUP, INC. 3202 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082		STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT # NAME			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	is ,			-ST-ZIP	3000048320136 -01/28/0201100030			
DOCUMENT # NAME			STRE	ET ADDRESS		****526.25 **	**526.25	
STREET ADDRESS CITY-ST-ZIP		•	CITY	-ST-ZIP				
DOCUMENT # NAME			· STRE	ET ADDRESS		<u> </u>		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
DDCUMENT #			STRE	ET ADDRESS				
STREET ADDRESS CITY-SI-ZIP.			CITY	-ST-ZIP				
DOCUMENT A			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				
14. I hereby of indicated the received	certify that the information supplied will on this report is the and accurate an ver or trustee empowereptio execute	ith this filing does not qualify for not that my signature shall have this report as required by Chan	r the exe the same	mption stated in Se e legal effect as if r Florida Statutes	ection 119.07(3)(i), Flor made under oath; that I	ida Statutes. I further certify am a General Partner of the	that the information limited partnership or	