2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9500000399 1. Entity Name							FILED	
CALUSA LAKES, LTD.					FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business 2106 MUSKOGEE TRAIL NOKOMIS FL 34275 Mailing Address 2106 MUSKOGEE TRAIL NOKOMIS FL 34275-5320						00 FEE	3-2 PM	2: 02
2. Principal Place of Business 2107 Calusa Lakes Blvd. Suite, Apt. #, etc.		3. Mailing Address 2107 Calusa Lakes Blvd. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Nokomis, FL		City & State Nokomis, FL			4. FEI Number	65-0566173		Applied For Not Applicable
Zip 34275	Country USA 6. Name and Address of Current	Zip 34275 Registered Agent	Country USA		5. Certificate of	Status Desired	Fee I	75 Additional Required
ROKNICH, NICK III 2106 MUSKOGEE TRAIL NOKOMIS FL 34275				Sherell W. Johnson eet Address (P.O. Box Number is Not Acceptable) 2107 Calusa Lakes Blvd.				
			City	Nok	Nokomis FL Zip Code 34275			
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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
9. Capital Contributions as Shown on record. \$2,000,000.00 10. Amount of Capital in FLORIDA to date					11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIS' NOTE: General Partners MAY NOT be changed on the form; an amendmen					ERED AND ACT	TIVE WITH THIS o change a ge	S OFFICE. neral partner.	
12.	GENERAL PARTNER		13.			ADDRESS CHA		
DOCUMENT# NAME STREET ADDRESS CITY - ST - ZIP	J75147 S. W. JOHNSON DEVELOPMENT, INC. 2106 MUSKOGEE TRAIL NOKOMIS FL 34275		STREET ADORE	210	2107 Calusa Lakes Blvd. Nokomis, FL 34275			
DOCUMENT#	P95000011119 NISLEY CALUSA DEVELOPMENT	STREET ADDRE	22	07 Calusa Lakes Blvd.				
STREET ADDRESS CITY - ST - ZP	2106 MUSKOGEE TRAIL			Nok	Nokomis, FL 34275			
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13. 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								

REHECTIRESherell W. Johnson as:

941-484-6004 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER President of: Date