

2000 UNIFORM BUSINESS REPORT (UBR)

Y 1111100

DOCUMENT # A95000000584
 1. Entity Name
TURTLE CREEK, LTD.

APPROVED AND FILED
 00 APR -3 AM 11:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 4113

Principal Place of Business
 3645 BONITA BEACH RD #3
 BONITA SPRINGS FL 34134

Mailing Address
 P.O. BOX 369
 BONITA SPRINGS FL 34133-0369



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0546267**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ERDMAN, GREG
3645 BONITA BEACH ROAD
#3
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent
 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. **\$3,722,000.00**

10. Amount of Capital Contributions 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 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 #	P95000020775
NAME	J C HOUSING, INCORPORATED
STREET ADDRESS	3645 BONITA BEACH RD., SW STE 3
CITY - ST - ZIP	BONITA SPRINGS FL 34134
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	300003215073--9 -04/19/00--01091--012 *****535.00 *****535.00
STREET ADDRESS	
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CITY - ST - ZIP	

CR2E003 (9/99)

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **Gregory A Erdman J.S.** **3-29-00** **(941) 992-8833**
 Date Daytime Phone #