

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000584

1. Entity Name

TURTLE CREEK, LTD.

Principal Place of Business  
3645 BONITA BEACH RD #3  
BONITA SPRINGS FL 34134Mailing Address  
P.O. BOX 369  
BONITA SPRINGS FL 34133-0369

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country Zip Country  
6. Name and Address of Current Registered Agent  
ERDMAN, GREG  
3645 BONITA BEACH ROAD  
#3  
BONITA SPRINGS FL 341344. FEI Number  
65-0546267  
Applied For  
Not Applicable5. Certificate of Status Desired  
 \$8.75 Additional  
Fee Required

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

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

(NOT - Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record. \$3,722,000.0010. Amount of Capital Contributions  
in FLORIDA to date.11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATIONA GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

## 12. GENERAL PARTNER INFORMATION

## 13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-23-01

Date

941-992-8833

Daytime Phone #

0014857

AT



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)