

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0014967 AF

DOCUMENT # **A95000000584**

1. Entity Name

**TURTLE CREEK, LTD.**

01 APR 30 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| Principal Place of Business<br><b>3645 BONITA BEACH RD #3<br/>BONITA SPRINGS FL 34134</b> | Mailing Address<br><b>P.O. BOX 369<br/>BONITA SPRINGS FL 34133-0369</b> |
|---|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0546267</b>                                      | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> | <b>\$8.75</b> 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 \_\_\_\_\_ (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.<br><b>\$3,722,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>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 # <b>P95000020775</b><br>NAME <b>J C HOUSING, INCORPORATED</b><br>STREET ADDRESS <b>3645 BONITA BEACH RD., SW STE 3</b><br>CITY-ST-ZIP <b>BONITA SPRINGS FL 34134</b> |
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| 13. ADDRESS CHANGES ONLY |
|--------------------------|
| 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]* **4-23-01** **941-992-8833**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)