2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

FILED A95000001433 DOCUMENT # 1. Entity Name 03 MAY -1 PM 6: 11 SUNLAND HOMES AT LAKE COUNTY, LTD. SECRETARY OF STATE TALLAHASSEE FLORIDA MAR Principal Place of Business Mailing Address 6823 VISTA PARKWAY NORTH 6823 VISTA PARKWAY NORTH WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number Applied For 65-0617335 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERRY, CHERYL Y Street Address (P.O. Box Number is Not Acceptable) 6823 VISTA PARKWAY NORTH WEST PALM BEACH FL 33411 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$10,000.00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY CR2E003 (10/02) P95000071408 DOCUMENT # STREFT ADDRESS SUNLAND HOMES AT HARBOR HILLS, INC. NAME 6823 VISTA PARKWAY NORTH STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33411 CITY-ST-7IP DOCUMENT # STREET ADDRESS 900017825169 NAME 05/01/03--01051--017 **158.75 STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT (STREET ADDRESS STRUET 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

URE REQUIRED Frank E. Young Homes SIGNATURE: 561)

CITY.-ST-ZIP