2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

- د نه				<u> </u>		
DOCUMENT # A9500001614 1. Entity Name						
OCEAN BOULEVARD SOUTH, LTD.					FILED	
District Address				00 MAY -4 PM 4: 20		
Principal Place of Business Mailing Address 2600 GOLDEN GATE PARKWAY P.O. BOX 413038				:	SECRETARY OF STATE	
-BUFE- 200 NAPLES FL 34101-3038 NAPLES FL 34105					TALBAHASSEE, FLORIDA	
2. Principal Place of Business . 3. Mailing Address		3. Mailing Address	s		\$ 1001954 1016 14101 01111 30114 0017]	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 65-0614151 Applied For Not Applicable	
Zip Country		Zip Country		try	5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent				News	7. Name and Address of New Registered Agent	
MARINELLI, PAUL J				Name		
2600 GOLDEN GATE PARKWAY				Street Address (P.O. Box Number is Not Acceptable)		
SUITE-200						
NAPLES FL 34105				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. (NOTE: Registered Agent signature required when reinstating) DATE						
9. Capital Contributions \$4 351 233.00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. 0						
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED					ERED 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 13. ADDRESS CHANGES ONLY						
12.	GENERAL PARTNER INFORMATION		13.		ADDRESS CHANGES ONE!	
NAME	GABLE, LAMAR 2600 GOLDEN GATE PARKWAY NAPLES FL 34105		SIRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT#	VILLERE, FRANCES G 2600 GOLDEN GATE PARKWAY NAPLES FL 34105		STRE	ET ADIORESS	-06/15/0001130012 -06/15/0001130012 ************************************	
STREET ADDRESS CITY-ST-ZIP			СПҮ	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT# NAME	COLLIER, BARRON III			ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	RESS 2600 GOLDEN GATE PARKWAY		ÇITY	-St-ZIP		
DOCUMENT# NAME	SPROUL, JULIET C 2600 GOLDEN GATE PARKWAY NAPLES FL 34105		STRI	ET ADORESS		
STREET ADDRESS CITY+ST-ZIP			СПҮ	-ST-ZIP		
DOCUMENT#				ET ADDRESS		
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DOCUMENT #			STRI	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			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						

(941)262-2600

4/28/2000

Juliet C. Sproul