

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001670**

1. Entity Name

DELRAY BEACH INTERNATIONAL TENNIS RESORT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 12 PM 4:41

Principal Place of Business 650 EGRET CIRCLE DELRAY BEACH FL 33444	Mailing Address 171 BOUL DE MORTAGNE BOUCHERVILLA QUEBEC CANADA J4B6G QC
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DO NOT WRITE IN THIS SPACE **MJH**

2. Principal Place of Business	3. Mailing Address 171 BOUL. DE MORTAGNE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State BOUCHERVILLE (QUEBEC)
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4. FEI Number 65-0617370	Applied For <input type="checkbox"/> Not Applicable
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Zip J4B 6G4	Country CANADA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GAETAN, MORIN
7105 VIA FIREMZE
BOCA RATON FL 33433**

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 *F. Vallet* **FRANCOIS VALLET (S.T)** 04/01/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating) DATE

9. Capital Contributions as Shown on record. **\$2,683,416.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	P95000084141 DELRAY BEACH INTERNATIONAL TENNIS RESORT I 2350 JAEGER DR. DELRAY BEACH FL 33444
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	650 EGRET CIRCLE DELRAY BEACH FL33444
STREET ADDRESS CITY - ST - ZIP	300003225513-2 -04/25/00-01102-001 *****526.25 *****526.25
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	
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: *FRANCOIS VALLET* **SIGNATURE REQUIRED FRANCOIS VALLET** 04/01/00 (561)543-2262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)