

2001 UNIFORM BUSINESS REPORT (UBR)

0020916 IN

DOCUMENT # A95000001670			
1. Entity Name DELRAY BEACH INTERNATIONAL TENNIS RESORT, LTD. DOWNTOWN CAPITAL LTD.			
Principal Place of Business 650 EGRET CIRCLE DELRAY BEACH FL 33444		Mailing Address 171 BOUL DE MORTAGNE BOUCHERVILLA QUEBEC CANADA J4B6G4 OC	
2. Principal Place of Business 2105 LAVERS CIRCLE Suite, Apt. #, etc. 200		3. Mailing Address Suite, Apt. #, etc.	
City & State DELRAY BEACH, FLORIDA		City & State	
Zip 33444	Country USA	Zip	Country
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	
4. FEI Number 65-0617370			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 _____ (NOTE: Registered Agent signature required when reinstating) 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P95000084141 DELRAY BEACH INTERNATIONAL TENNIS RESORT I 650 EGRET CIRCLE DELRAY BEACH FL 33444	STREET ADDRESS CITY-ST-ZIP	2105 LAVERS CIRCLE #200 DELRAY BEACH, FLORIDA 33444
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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: <u>RENE FERRENCOLS VALLET</u> 4/19/01 (561)543-2262			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <small>Date</small> <small>Daytime Phone #</small>			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)