

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001706

1. Entity Name
MELROSE LANDING, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 PM 12:29

Principal Place of Business
412 NE 16TH AVENUE
GAINESVILLE FL 32601

Mailing Address
POST OFFICE BOX 1776
GAINESVILLE FL 32602-1776



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	59-2322036	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEE, DENNIS G 412 NE 16TH AVENUE GAINESVILLE FL 32601		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record.	\$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	G56910	STREET ADDRESS	
NAME	FLORIDA WOODLAND, INC.	CITY - ST - ZIP	
STREET ADDRESS	412 NE 16 AVE		
CITY - ST - ZIP	GAINESVILLE FL 32601		
DOCUMENT #	L95000000298	STREET ADDRESS	
NAME	JEAN PROPERTIES, L.C.	CITY - ST - ZIP	
STREET ADDRESS	412 NE 16 AVE		
CITY - ST - ZIP	GAINESVILLE FL 32601		
DOCUMENT #	481672	STREET ADDRESS	
NAME	SOUTHERN PROPERTIES, INC.	CITY - ST - ZIP	
STREET ADDRESS	412 NE 16 AVE		
CITY - ST - ZIP	GAINESVILLE FL 32601		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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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 REQUIRED 2/28/00 352 334 1976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)