

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001807**

1. Entity Name

DMM DEVELOPMENT LIMITED PARTNERSHIP

FILED

00 FEB 10 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

28000 SPANISH WELLS DRIVE
BONITA SPRINGS FL 33923

Mailing Address

28000 SPANISH WELLS DRIVE
BONITA SPRINGS FL 33923

2. Principal Place of Business
P.O. Box 366879

3. Mailing Address
P.O. Box 366879

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

4. FEI Number
65-0624217

Applied For
Not Applicable

Zip
34136

Country
USA

Zip
34136

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCARDLE DEVELOPMENT, INC.
28000 SPANISH WELLS DRIVE
BONITA SPRINGS FL 33923

Name
Street Address (P.O. Box Number is Not Acceptable)
24890 Burnt Place, Suite 6-9
City **Bonita Springs, FL** Zip Code **34136**

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

Thomas J. Kelly
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/31/00
DATE

9. Capital Contributions as Shown on record. **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$10,000.00**

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 # **P37156**
NAME **MCARDLE DEVELOPMENT, INC.**
STREET ADDRESS **28000 SPANISH WELLS DRIVE**
CITY - ST - ZIP **BONITA SPRINGS FL 33923**

STREET ADDRESS **P.O. Box 366879**
CITY - ST - ZIP **Bonita Springs, FL 34136**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP **800003147928--2**
-02/25/00--01079--003
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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:

Thomas J. Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Thomas J. Kelly, Secretary, 1/31/00 (941) 992-9476

Date

Daytime Phone #

CR2E003 (9/99)