# 2003 LIMITED PARTNERSHIP
# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001993

1. Entity Name
**DIAMOND RIDGE PROPERTIES, LTD.**

FILED
2003 MAY 14 PM 3:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 501 GOODLETTE RD., SUITE A-204<br>NAPLES, FL 34102 | ~~501 GOODLETTE RD., SUITE A-204~~<br>~~NAPLES, FL 34102~~ |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 649 Fifth Ave So<br>Suite, Apt. #, etc.<br>206 |
| City & State | City & State<br>Naples, FL 34102 |
| Zip / Country | Zip 34102 / Country US |

DATE BY MAY 14 2003

4. FEI Number **65-0630479** ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| D'AGOSTINO, LOUS D<br>CHEFY PADDISOM WILSON JOHNSON<br>821 FIFTH AVE. SOUTH, STE. 201<br>NAPLES, FL 34102 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and title if applicable.

| 9. Capital Contributions as Shown on record. | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION. |
|---|---|---|
| **$12,600,000.00** | | |

**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 # | L95000000982 | STREET ADDRESS | 649 Fifth Ave South Suite 206 |
| NAME | DIAMOND RIDGE, L.C. | CITY-ST-ZIP | Naples FL 34102 |
| STREET ADDRESS | ~~201 MURFIELD CIRCLE~~ | | |
| CITY-ST-ZIP | ~~NAPLES, FL 33962~~ | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | 600018944966<br>05/14/03--01060--018 **526.25 |
| STREET ADDRESS | | | |
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| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

CR2E003 (10/02)

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:** _____ Manager 4-28-03 239-649-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #