## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A9600000169					S	FILED FORETARY OF ST	A FC	
MYSTIC GREENS III AT LELY RESORT, LTD.					D. DIVĬ	SECRETARY OF STAFE DIVISION OF CORPORATIONS		
					.00	APR 17 AHII:	43	
,	e of Business	Mailing Address			ł			
465 Myst aples, Fl	ic Greens Way, Suite 2201 L 34113						-0 l	
							- y-X	
2. Principal Place of Business 3. Mailing Address 4375 Dover Court							U	)
Suite, Apt. #, etc. Suite, Apt. #, etc.				<del></del>	—	DO NOT WRITE IN THIS SPACE		
#102						4. FEI Number Applied For		
City & State		City & State			I	0645561		Not Applicable
Zip	Country	Naples, FL Zip	Coun			icate of Status Desired		8.75 Additional
<del></del>	6. Name and Address of Current	34105	<u>U.S</u>	.A	7 Name	and Address of New F		ee Required
	b. Name and Address of Cuffent	Registered Agent		Name	7. Name	and Address of New P	egistered Ag	jent
_			_ <del></del>	Street Ad	ateman, dress (P.O. Box N	Arthur L. umber is Not Acceptable	)((	
					375 <u>Dove</u>	r Court #10		
				City	aples		FL	Zip Code 34105
. The above	named epithy submits this statement fo	r the purpose of changing its	registere			or both, in the State of Flo	orida.	
	1 hittun	M -lower	R			2/2	2/0	O
SIGNATURE :	Signature, typed or printed name of registered agent	and the if applicable. (NOT	E: Registere	d Agent signatur	e required when reinstating	19)	DATE	
3. Capital Co		10. Amount of Capit						O DEPT. OF STATE
as Shown	A GENERAL PARTNER 1	in FLORIDA to d		<u>800,0</u> UST BE R		N 24/1 14/2		FEE INFORMATION
	NOTE: General Partners MA	Y NOT be changed on the	he form	; an amer	dment must be	filed to change a ge	eneral partn	
2.	GENERAL PARTNER	RINFORMATION	13.	—		ADDRESS CH.		
OCUMENT # IAME	P96000007610 Mystic Greens III at Lely Resort, Li			ET ADDRESS	4375 Dover Court #102			
TREET ADDRESS ITY-ST-ZIP	8465 Mystic Greens			-ST-ZIP	Naples,	FL 34105		
OCUMENT #	Naples, FL 34113		STRE	ET ADDRESS			·	
TREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		300003	32 <u>28</u>	273 (J 1039023
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OCUMENT #			STRE	ET ADORESS		·		
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	415 O	77(2)(4) 5) 14- 21- 1	I foreste and the second	u that the information
indicated	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute thi	that my signature shall have	the same	e legal effec	t as if made under	দ(ড)(i), Florida Statutes. oath; that I am a Genera	i further certify if Parther of the	y that the information le limited partnership or
SIGNAT	TURE: WISHTING AND TYPER OR	PRINTED NAME OF SIGNING GENER	AL PARTNE	R	3/27	190 94	(436)	1012
	SIGNAL SILE AND TIFED OR				•			