## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9600000169  1. Entity Name						FILED			
MYSTIC GREENS III AT LELY RESORT, LTD.						02 MAR 15 AM 9: 28			
Principal Place 4771 ALBERTO NAPLES FL 34	Mailing Address 4771 ALBERTON COURT NAPLES FL 34105	ALBERTON COURT. #3502			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business 4770 Alberton Court 3. Mailing Address 4770 Alberton				urt					
Suite Apt. #, etc. Suite, Apt. #, etc. 2602			on do	<u> </u>		. DUE BY MAY 1, 2002			
City & State City & State Naples, FL Naples, FI					4. FEI Number	65-0645561	Applied Not App	l For olicable	
Zip Country Zip 34105 U.S.A. 34105			Coun U.S		. 5. Certificate o	f Status Desired	\$8.75 Addition		
6. Name and Address of Current Registered Agent				i	7. Name and Address of New Registered Agent				
BATEMAN, ARTHUR L 4771 ALBERTON COURT, #3502 NAPLES FL 34105				Name Bateman, Arthur L.  Street Address (P.O. Box Number is Not Acceptable)					
NAPLES FL 34105					Alberton Cou				
				City Naples	3	F	Zip Code 341	05	
8. The above named entity system of this standment for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions  19. Amount of Capital Contributions 200, 000, 000, 11. MAKE CHECK PAYABLE TO DEPT. OF STATE									
9. Capital Contributions as Shown on record. \$800,000.00 In FLORIDA to date.						SEE REVERSE SIDE	FOR FEE INFORMAT		
	A GENERAL PARTNER TH NOTE: General Partners MAY	IAT IS A BUSINESS E	NTITY M the form	UST BE RE	GISTERED AND AG	CTIVE WITH THIS OFF I to change a general i	ICE. partner.	İ	
12.	GENERAL PARTNER	13.	,	ADDRESS CHANGES ONLY					
DOCUMENT # NAME	MYSTIC GREENS III AT LELY RESORT, INC.			ET ADDRESS	4770 Albert	770 Alberton Court, #2602			
STREET ADDRESS CITY-ST-ZIP	4771 ALBERTON COURT, #3502 NAPLES FL 34105	3 C		-ST-ZIP	Naples, FL	ples, FL 34105			
DOCUMENT # NAME			STRE	EET ADDRESS				CR2E003	
STREET ADDRESS CITY-ST-ZIP	3			-ST-ZIP	50	5000051466956 -03/22/0201054015			
NAME		and the same	STRE	ET ADDRESS	ere i	****526.25	****526.2 	:	
CITY-ST-ZIP			CITY	-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
NAME : STREET, ADDRESS				ET ADDRESS					
CITY-ST-ZIP  DOCUMENT #		<del></del>		-ST-ZIP					
NAME Street address				ET ADDRESS -ST-ZIP					
14. I hereby o	certify that the information supplied with t	or the exe	mption stated	in Section 119.07(3)(i)	, Florida Statutes. I further	certify that the inform	ation		
indicated on this report is true and accurage 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 a figure of the limited partnership or the receiver or trustee empowered to execute this report as a figure of the limited partnership or the receiver or trustee empowered to execute this report as a figure of the limited partnership or the receiver or trustee empowered to execute this report as a figure of the limited partnership or the receiver or trustee empowered to execute this report as a figure of the limited partnership or the receiver or trustee empowered to execute this report as a figure of the limited partnership or the receiver or trustee empowered to execute this report as a figure of the limited partnership or the receiver or trustee empowered to execute this report as a figure of the limited partnership or the receiver or trustee empowered to execute this report as a figure of the limited partnership or the receiver or trustee empowered to execute this report as a figure of the limited partnership or the receiver or trustee empowered to execute the limited partnership or the receiver or trustee empowered to execute the limited partnership or the receiver or trustee empowered to execute the limited partnership or the limited partnership or the receiver or trustee empowered to execute the limited partnership or the limited partner									
		PRINTED NAME OF SIGNING GENE	RAL PARTNE	R		Date	Daytime Phone #	-	