

2001 UNIFORM BUSINESS REPORT (UBR)

0008000 AF

DOCUMENT # A96000000376

1. Entity Name
HUNTERS RUN MORTGAGE GROUP LTD.

FILED

zf

Principal Place of Business
**101 WESTLAKE DRIVE
BOYNTON BEACH FL 33436**

Mailing Address
**101 WESTLAKE DRIVE
BOYNTON BEACH FL 33436**

01 JAN 18 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
65-0672181

Applied For
 Not Applicable

Zip Country

Zip Country

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

**KORN, GARY A.
20803 BISCAYNE BLVD., SUITE 200
AVENTURA FL 33180**

Name
Street Address (P.O. Box Number is Not Acceptable)
**20801 Biscayne Blvd
Suite 501**
City **Aventura** FL Zip Code **33180**

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 *[Signature]*
Signature typed or printed name of registered agent and date if applicable **GARY A. Korn** (NOTE: Registered Agent signature required when reinstating)

DATE
1/12/2001

9. Capital Contributions as Shown on record. **\$2,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **P95000091562**
NAME **HOME DEVELOPMENT CORP. OF SOUTH FLORIDA I**
STREET ADDRESS **101 WESTLAKE DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* **Stephen F. Pacaha, UP**
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Home Development Corp. of South Florida I** Date **1/11/01** Daytime Phone # **561 364-9661**

CR2E003 (11/00)