2000 UNIFORM BUSINESS REPORT (UBR)

A96000000863 DOCUMENT # 1. Entity Name FILED SECRETARY OF STATE G.L. HOMES OF BOYNTON BEACH ASSOCIATES III, LTD. DIVISION OF CORPORATIONS 00 MAY -3 PM 1:33 Mailing Address Principal Place of Business 1401 UNIVERSITY DRIVE, SUITE 200 1401 UNIVERSITY DRIVE. SUITE 200 CORAL SPRINGS FL 33071-6088 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0679295 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRANT, MARK F Street Address (P.O. Box Number is Not Acceptable) 200 EAST BROWARD BLVD., 15TH FLOOR FORT LAUDERDALE FL 33301 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$5,000,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. \$5,000,000.00 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 ADDRESS CHANGES ONLY P96000026088 DOCUMENT # STREET ADDRESS G.L. HOMES OF BOYNTON BEACH III CORP. 1401 UNIVERSITY DRIVE, SUITE 200 CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP DOCUMENT# STREET ADORESS NAME STREET ADDRESS CITY - ST - ZIF -06/15/00--01120--024 CITY-ST-ZIP ****535.00 ****535.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS W.S. STREET ADDRESS CITY-ST-ZIP CITY SI-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

04/26/00

954-753-1730 Daytime Phone #