

2002 UNIFORM BUSINESS REPORT (UBR)

0011317 AT

DOCUMENT # A96000001086

1. Entity Name
VISTA LAKES HOMES LIMITED

FILED
02 APR -8 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 11860 W STATE ROAD 84, B-15, DAVIE FL 33325
Mailing Address: 11860 W STATE ROAD 84, B-15, DAVIE FL 33325

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: [Blank]
Zip: [Blank] Country: [Blank]

DUE BY MAY 1, 2002

4. FEI Number: 65-0678564 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAVENPORT, RICHARD A
11860 W STATE ROAD 84, B-15
DAVIE FL 33325

7. Name and Address of New Registered Agent
Name: [Blank]
Street Address (P.O. Box Number is Not Acceptable): [Blank]
City: [Blank] FL Zip Code: [Blank]

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

9. Capital Contributions as Shown on record: **\$977,253.00**

10. Amount of Capital Contributions in FLORIDA to date: **135,135**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DAVENPORT, RICHARD A 11860 W STATE ROAD 84, B-15 DAVIE FL 33325
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P94000079745 VISTA DEVELOPMENT INC. 11860 W STATE ROAD 84, B-15 DAVIE FL 33325
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	[Blank]

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	[Blank]
CITY-ST-ZIP	700005258167--8
STREET ADDRESS	-04/12/02--01082--025 ***535.00 ***535.00
CITY-ST-ZIP	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date: **03/18/02** Daytime Phone #: **954-382-0020**

CP2E003 (9/01)