2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 APR 10 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0014581 AT

DOCUMENT # A96000001650

1. Entity Name

LPI WETLAND MITIGATION BANK, LTD.

Principal Place of Business	Mailing Address
12800 UNIVERSITY DRIVE. SUITE #260 FORT MYERS FL 33907	12800 UNIVERSITY DRIVE. SUITE #260 FORT MYERS FL 33907

2. Principal Place of Business	3. Mailing Address
13451 McGregor Blvd	13451 McGregor Blvd
Suite, Apt. #, etc. Suite 31	Suite, Apt. #, etc. Suite 31
City & State	City & State
Zip: 33919 Country:	Zip: 33919 Country:

DUE BY MAY 1, 2002

4. FEI Number 65-0718457 ☐ Applied For ☐ Not Applicable

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
PAVELKA, RAYMOND A 12800 UNIVERSITY DRIVE, SUITE #260 FORT MYERS FL 33907	Name Street Address (P.O. Box Number is Not Acceptable) 13451 McGregor Blvd, Suite 31 City **FL** Zip Code 33919

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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,000,010.00		

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P93000084962 MARINER PROPERTIES DEVELOPMENT, INC. 12800 UNIVERSITY DRIVE, SUITE #260 FORT MYERS FL 33907	STREET ADDRESS CITY-ST-ZIP	13451 McGregor Blvd, Suite 31 Fort Myers, FL 33919
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	700005258137--1 04/12/02--01082--021 ****535.00 ****535.00
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CR2E003 (9/01)

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 REQUIRED Mgr/Mbr 4/8/02 239-481-2011 (103)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #