2000 UNIFORM BUSINESS REPORT (UBR) A97000000915 DOCUMENT # 1. Entity Name FILED SECRETARY OF STATE DIVISION OF CORPORATIONS CITY CENTER OF CHARLOTTE COUNTY, LTD. 00 AUG -4 PM 1: 25 Principal Place of Business Mailing Address 510 KEITH POINTE DRIVE 510 KEITH POINTE DRIVE SARASOTA FL 34230-5565 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address 600 Tamiami Trail 600 Tamiami Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE II 102 102 Applied For City & State City & State 4. FEI Number 65-0747297 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3948 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRIGGS, DAVID B Street Address (P.O. Box Number is Not Acceptable) 510 KEITH POINTE DRIVE <u>/ 0</u> 2 SARASOTA FL 34236 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,800,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. P95000029727 DOCUMENT # STREET ADDRESS SPHINX INVESTMENTS OF SARASOTA, INC. NAME 510 KEITH POINTE DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 100003351361---08/09/00--01076--026 DOCUMENT # STREET ADDRESS NAME \*\*\*\*526.25 STREET ADDRESS CiTY-ST-ZIP C/TY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT# STREET ADDRESS NA) E STREET ADDRESS CRY-ST-7P CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME

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

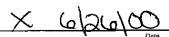
CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP





941-624-5100

Daytime Phone #