4/10/02 941-383-3244 Date Dayling Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

CITY CENTER OF CHARLOTTE COUNTY, LTD. OR MAY 13 PM 2: 51 SECRETARY OF STATE FALL AHASSEE, FLORIDA S88 MISTLETOE LANE LONGBOAT KEY FL 54228 2. Phycopal Place of Business Suith. Apr. R. etc. Chy 6 State Chy 6	DOCUMENT # A9700000915 1. Entity Name CITY CENTER OF CHARLOTTE COUNTY, LTD.					בוו בח		
Principal Place of Business 1800 TAMMAN TRAIL, #102 2. Principal Place of Business 1800 TAMMAN TRAIL, #102 385 MISTLETICE LANE LONGBOAT KEY FL 34228 2. Principal Place of Business 3816, Apt. #, etc. 385 MISTLETICE LANE LONGBOAT KEY FL 34228 2. Principal Place of Business 3816, Apt. #, etc. 385 MISTLETICE LANE City & State City								
2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country S. Certificate of Siabus Desired 65-0747297 [Applied 65-0747297 [Not Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2002 Applied 65-Name and Address of Current Registered Agent To Name and Address of Siabus Desired SRTS, Additions Final Address of Current Registered Agent To Name and Address of New Registered Agent Sireet Address (P.O. Box Number is Not Acceptable) Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Cord Sireet Address (P.O. Box Number is Not Acceptable) Sireet								
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	1600 TAMIAMI TRAIL. #102 3565 MISTLETOE LANE					SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.								
City & State City & State City & State City & State Country City C	2. Principal Place of Business 3. Mailing Address						1 1818) 1188) BUL 1881	
Zip Country Zip Country 5. Certificate of Status Desired S.75 Actitions Fee Required 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Frontida. City FL Zip Code 3. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Frontida. SIGNATURE Squalure, hold or printed rows of registered agent and the figuricable. Carpital Contributions STEEL ADDRESS CHANGE TO BEPT. OF STATE A GENERAL PARTINER 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 filled to change a general partner. Z. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY SPHINK INVESTMENTS OF SARASOTA, INC. SIREET ADDRESS SOSS MISTERIOF LANE LONGBOAT KEY FL 34228 CITY-ST-ZP COUMENT I MEET ADDRESS CITY-ST-ZP CITY-ST-ZP COUMENT I MEET ADDRESS CITY-ST-ZP CITY-ST-ZP COUMENT I MEET ADDRESS CITY-ST-ZP	Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2002		
ERIGGS, DAVID B 3565 MISTLETOE LANE LONGBOAT KEY FL 34228 B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Signature, noted or princed runn of registered agent and signal applicable. 9. Capital Contributions as Shown on record. 11. MAKE CHECK PAYABLE TO DEPT. OF STA SEE INFORMATION 12. General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 14. Counters / SPHIKE INVESTMENTS OF SARASOTA, INC. 15. STREET ADDRESS 15. STREET ADDRESS 15. Certificate of Slatus Desired	City & State City & State				65-07/17207		Applied For Not Applicable	
BRIGGS, DAVID B 3565 MISTLETOE LANE LONGBOAT KEY FL 34228 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. Signature, hipsel or period name of registered agent and time I accideable 9. Coatial Contributions as \$1,800,000.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STA SE REVERSE SIDE FOR FEE INFORMATI MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 13. ADDRESS CHANGES ONLY STREET ADDRESS P\$5000029727 SPHINX INVESTMENTS OF SARASOTA, INC. 3665 MISTLETOE LANE LONGBOAT KEY FL 34228 CITY-ST-ZP COLUMENT / MAKE LONGBOAT KEY FL 34228 CITY-ST-ZP COLUMENT / MAKE ARE ARE THERE ADDRESS CITY-ST-ZP COLUMENT / MAKE STREET ADDRESS CITY-ST-ZP COLUMENT / MAKE ARE THERE ADDRESS CITY-ST-ZP COLUMENT / MAKE ARE THERE ADDRESS CITY-ST-ZP COLUMENT / MAKE ARE THERE ADDRESS CITY-ST-ZP COLUMENT / MAKE STREET ADDRESS CITY-ST-ZP COLUMENT / MAKE ARE THERE ADDRESS CITY-ST-ZP COLUMENT / MAKE ARE THERE ADDRESS CITY-ST-ZP COLUMENT / MAKE ARE THERE ADDRESS CITY-ST-ZP COLUMENT / MAKE STREET ADDRESS CITY-ST-ZP COLUMENT / MAKE ARE THERE ADDRESS CITY-ST-ZP COLUMENT / MAKE THERE ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP	Zip	Tip Country Zip		Cour	5. Certificate of Status Desired \$8.75 Addition		Additional	
BRIGGS, DAVID B 3565 MISTLETOE LANE LONGBOAT KEY FL 34228 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE 9. Capital Contributions SE REVENSE \$1,800,000.00 10. Amount of Capital Contributions In FLORIDA to date: NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 13. ADDRESS CHANGES ONLY P\$5000029727 SIRRET ADDRESS SIRRET ADDRESS CITY-ST-ZIP COLUMENT / MARE		6. Name and Address of Curren	t Registered Agent		-		•	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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, howed or printed registered dependence agent and ten it application. 9. Capital Contributions as Shown on record. \$1,800,000.00 10. Amount of Capital Contributions in FLORIDA to date. A GENERAL PARTINER 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY P\$6000029372* P\$6000029372* SPHINX INVESTMENTS OF SARASOTA, INC. STREET ADDRESS CITY-ST-ZIP COUMENT / MAKE MAKE TREET ADDRESS CITY-ST-ZIP COUMENT / ST-ZIP COUMENT / ST-ZIP COUMENT / ST-ZIP STREET ADDRESS CITY-ST-ZIP COUMENT / ST-ZIP COUMENT / ST-Z	BBIGGS	DAMID B			Name			
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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 9. Capital Contributions as Shown on record. 9. Capital Contributions in FLORIDA to date. 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 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CUMMENT / MAKE MREE ADDRESS CITY-ST-ZIP CITY-ST-ZIP CUMMENT / MAKE MREE ADDRESS CITY-ST-ZIP CUMMENT / MAKE MREE ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	LONGBOAT KEY FL 34228							
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4. 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 the hat my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partners the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	I hereby c indicated the receiver	ertify that the information supplied with on this report is true and accurate and er or trustee empowered they accurate the	this filing does not qualify fo that my signature shall have	the exeme	nption stated in Se legal effect as if r	ection 119.07(3)(i), Florida Statutes. I further certify that the made under oath; that I am a General Partner of the limite	ne information ad partnership or	