## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## FILED A97000001045 DOCUMENT # 1. Entity Name 02 MAR 29 AH 9: 26 TURNBERRY DEVELOPERS, LTD. SECRETARY OF STATE TĂULAHASSEE, FLORIDA Principal Place of Business Mailing Address 2453 SOUTH THIRD STREET 2453 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 59-3445635 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCGARVEY, JAMES N JR. Street Address (P.O. Box Number is Not Acceptable) 2453 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250 City 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 Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$750,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY (9/01) P97000034027 DOCUMENT # STREET ADDRESS J.N.M. TURNBERRY, INC. NAME CR2E003 2453 SOUTH THIRD STREET STREET ADDRESS CITY-ST-ZIP 400005190044----04/03/02--01060--024 JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP DOCUMENT # STREET ADDRESS \*\*\*\*526.25 \*\*\*\*526.25 NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# 💆 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **DOCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-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 to Chapter 620, Florida Statutes

3/18/02

509-247-9160

APPRUYO