2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001813

FILED

01 MAY -1 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000088 AF

1. Entity Name

INVESTORS AT KING'S LAKE, LTD.

Principal Place of Business	Mailing Address
% GARY K. WILSON, ESQ.	% GARY K. WILSON, ESQ.
5801 PELICAN BAY BLVD., SUITE 300	5801 PELICAN BAY BLVD., SUITE 300
NAPLES FL 34108-2709	NAPLES FL 34108-2709

2. Principal Place of Business	3. Mailing Address
3380 Rum Row	3380 Rum Row
Suite, Apt. #, etc. NAPLES FL 34102	Suite, Apt. #, etc.
City & State	City & State NAPLES FL
Zip 34102 Country COLLIER	Zip 34102 Country Collier

5/1 DO NOT WRITE IN THIS SPACE MJH

4. FEI Number 59-3494516 — 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
ENLOW, JOHN	Name CHARLES A. BROWN, JR
1097 FRANK WHITMAN ROAD	Street Address (P.O. Box Number is Not Acceptable) 3380 RUM ROW
NAPLES FL 34103	NAPLES FL 34102
	City NAPLES FL FL Zip Code 34102

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] gen ptnr 2/12/01

Signature, typed or printed name & registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000072958	STREET ADDRESS	3380 Rum Row
NAME	C R DEVELOPERS OF NAPLES, INC.	CITY-ST-ZIP	Naples, FL. 34102
STREET ADDRESS	P.O. BOX 413005 N/A		
CITY-ST-ZIP	NAPLES FL 34103 Change to		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	See Attached
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	Assignment
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	600004215346--4
STREET ADDRESS			-05/14/01--01113--004
CITY-ST-ZIP			****141.25 ****141.25
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NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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 by Chapter 620, Florida Statutes

SIGNATURE: [signature] gen ptnr 2/12/01

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

CR2E003 (11/00)