2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9700002918							i	and the services					
1. Entity Name LAS PALMAS COLONY VILLAS, LTD.							SECRETARY OF STATE DIVISION OF CORPORATIONS						
Principal Plac 2154 TRADE (SUITE 3 NAPLES FL 34	CENTER WAY		Mailing Address 2154 TRADE CENTER WAY SUITE 3 NAPLES FL 34109-2036			00 MAY - 14 PM-1: 33							
2. Principal Place of Business 3. Mailing Address						··							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
City & State			City & State				4. FEI Number	59-349482	۸		Applied For Not Applicable		
Zip	Country		Zip	Cour	ntry		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 Name						
CLASP INC. C/O CUMMINGS & LOCKWOOD						Street Address (P.O. Box Number is Not Acceptable)							
	3001 TAMIAMI TRAIL NORTH												
NAPLES FL 34103						City			FL Zip Code				
8. The above	named entity	y submits this statement for	the purpose of changing	g its register	ed office or	egister	ed agent, or both,	in the State of Florid	la.				
SIGNATURE .	Signature typed	or printed name of registered agent a	nd title (fapplicable ((NOTE: Registere	d Agent signatur	e required	when reinstating)		DATE				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE) 9. Capital Contributions as Shown on record. 10. Amount of Capital in FLORIDA to date.								11. MAKE CHECK SEE REVERSE					
as snown	A	GENERAL PARTNER TI General Partners MA	HAT IS A BUSINESS	ENTITY M	UST BE R	EGIST	ERED AND AC	TIVE WITH THIS	OFFICE				
12.	NOTE	GENERAL PARTNER		13.	i, an amer	unien	t must be med	ADDRESS CHAN					
DOCUMENT #	P9700010 LAS PALM	18477 Mas Colony Villas, II	NC.	STREET ADDRESS 2154			4 Trade Center Way, Suite 3						
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DOCUMENT# NAME		ONY VILLAS, INC.			EET ADDRESS	2154	Trade Ce	nter Way, S	Suite	3			
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indicated the receiv	on this repo er or trustee	e information supplied with rt is true and accurate and empowered to execute this	that my signature shall hi s report as required by C	áve the sam hapter 620,	e legal effec Florida Statu	t as if m Ites	nade under oath; t	hat I am a General F	artner of	the limit	he information ed partnership or		
Art		Shafran Prosi	dent of Las I	Palmas IRED	Colony	Vi1	las, Inc.		artne 1-597)0		
JIGHA	-11m-		PRINTED NAME OF SIGNING GE					Date		ytime Phor			