

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000695**

1. Entity Name

MDC SOUTHWEST LTD. 1

Principal Place of Business

**C/O MEADOWLAND DEVELOPMENT CORP.
1220 SOUTH OCEAN BLVD.
DELRAY BEACH FL 33483**

Mailing Address

**C/O MEADOWLAND DEVELOPMENT CORP.
1220 SOUTH OCEAN BLVD.
DELRAY BEACH FL 33483**

FILED

01 MAY 14 AM 9:42

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0820874

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SEACH, WILLIAM R
C/O MEADOWLAND DEVELOPMENT CORP.
1220 SOUTH OCEAN BLVD.
DELRAY BEACH FL 33483**

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as shown on record.

\$10,000.00

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.

DOCUMENT # **J79880**
NAME **MEADOWLAND DEVELOPMENT CORP.**
STREET ADDRESS **1220 SOUTH OCEAN BLVD.**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

STREET ADDRESS

CITY-ST-ZIP

4000004418894--0
-06/13/01--01093--036
*****8.75 *****8.75

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

4000004418894--0
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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: William R. Seach V.P. 4-17-01-561-276-3122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0008700 AF

CR2E003 (11/00)