2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000718

1. Entity Name

HERON CREEK ASSOCIATES, LTD.

APPROVED AND FILED
00 MAR 30 AM 10: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/10

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1774 SOUTH DRIVE SARASOTA FL 34239	1774 SOUTH DRIVE SARASOTA FL 34239-5039

2. Principal Place of Business	3. Mailing Address
3401 S. Sumter Blvd	1858 Ringling Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Port, Florida	City & State: Sarasota, FL
Zip: 34287 Country: USA	Zip: 34236 Country: USA

4. FEI Number 65-0870275 ☐ 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
GEBHARD, H. DIETER 1774 SOUTH DRIVE SARASOTA FL 34239	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 ______________________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $500,000.00	10. Amount of Capital Contributions in FLORIDA to date. 500,000	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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000004797 MARSH CREEK COMMUNITIES, INC. 1774 SOUTH DRIVE SARASOTA FL 34239	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	000003204980--1 -04/11/00--01148--003 ****528.25 ****528.25
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CR2E003 (9/99)

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 REQUIRED 3/23/2000 941-365-4617

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