# 2001 UNIFORM BUSINESS REPORT (UBR)

0011340 AF

DOCUMENT # A98000000718

1. Entity Name

HERON CREEK ASSOCIATES, LTD.

FILED

01 APR 23 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 3401 S. SUMTER BLVD.<br>NORTH PORT FL 34287 | 1858 RINGLING BLVD.<br>SARASOTA FL 34236 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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**

GGEBHARD, H. DIETER
1774 SOUTH DRIVE
SARASOTA FL 34239

**7. Name and Address of New Registered Agent**

Name J. Michael Hartenstine
Street Address (P.O. Box Number is Not Acceptable) 200 South Orange Ave
City Sarasota FL Zip Code 34236

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] 4/9/01
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. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| $500,000.00 | | |

**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 # | P98000004797 | STREET ADDRESS | 1858 RINGLING BLVD |
| NAME | MARSH CREEK COMMUNITIES, INC. | | |
| STREET ADDRESS | 1774 SOUTH DRIVE | CITY-ST-ZIP | SARASOTA FL 34236 |
| CITY-ST-ZIP | SARASOTA FL 34239 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | | |
| STREET ADDRESS | | CITY-ST-ZIP | 500004163805--2 |
| CITY-ST-ZIP | | | -05/08/01--01150--010 |
| DOCUMENT # | | STREET ADDRESS | ****526.25 ****526.25 |
| NAME | | | |
| STREET ADDRESS | | CITY-ST-ZIP | |
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| NAME | | | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |

CR2E003 (11/00)

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] SIGNATURE REQUIRED 3/28/01 941-365-4617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #