2000 UNIFORM BUSINESS REPORT (UBR)

FILED A98000001855 **DOCUMENT#** May 02, 2000 8:00 ams Secretary of State 1. Entity Name SUMMERLIN PARK INVESTMENTS, LTD. Principal Place of Business Mailing Address 870 BALD EAGLE DRIVE. STE 1B 870 BALD EAGLE DRIVE. STE 1B MARCO ISLAND FL 34145 MARCO ISLAND FL 34145-2550 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0855606 Not Applicable \$8.75-Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REINDERS, JAMES M Street Address (P.O. Box Number is Not Acceptable) 870 BALD EAGLE DRIVE, STE 1B MARCO ISLAND FL 34145 Zip Code City 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) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$600,200.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION CR2E003 (9/99) P98000066251 DOCUMENT # STREET ADDRESS SUMMERLIN PARK INVESTMENTS, INC. NAME 870 BALD EAGLE DRIVE, STE 1B STREET ADDRESS CITY-ST-7IP MARCO ISLAND FL 34145 CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME المؤرس وراج والمرازيق كالمهامية فتحملها المسا STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 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 Jumeur Park