200	1 UNI	FOR	A BUSI	NESS REPO	ORT ((UBR	k)	. 4						
DOCU		# /	498000	0001936				, ¹ -						
-	OUD CLUB	Course, L	TD.				ILED	_						
Principal Pla	ce of Busine			Mailing Address		01	- APR	30 PM	12: 27					
385 HIGHWAY 98 EAST. SUITE 60 DESTIN FL 32541				385 HIGHWAY 98 EAST. DESTIN FL 32541	SUITE 60	SE(TAL	CRET LAH	ARY OF S ISSEE, FL	ORIDA	} 2 	1 141 11 414 1	114 11414	484 83 (404 8 6 04) 1 8	i l
2. Principal Place of Business				3. Mailing Address								01 8 1 15 0 16	10106 11119 6 111 16	(
P.O. Box 701351				P.O. Box 701351]							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State St. Cloud, FL				City & State St. Cloud			4. FEI Number 59-3530325				Applied Fo			
Zip	1051	Country		Zip	Countr	•	Ī	5. Certificat	e of Status I	Desired	怤	\$8.75 Fee Re	5 Additional	
<u> 34770-</u>		Osceo		34770-1351 egistered Agent	0scec	ода		7. Name an	d Address	of New Reg				
		-		<u></u>		Name Re	eed I	H. Berl	insky					
LEGLER, MITCHELL W								O. Box Numb		cceptable)				
300A WHARFSIDE WAY						4	ر 775	Canoe_C	reek Ro	oad				
JACKSON	VILLE FL 3	2207												
,						City	. Cl	oud			FL		Code	
8. The above	anamed en	submits th	is statement for t	he purpose of changing its	s registered				oth, in the S	tate of Floric	la.		112	
		Mh hi									1.126	/200	1	
SIGNATURE	Signature, types	d or printed name	of registered agent and	Reed H. Berli	T Registered	Agent signature	required v	when reinstating)			4/26.	/ 200	1	
9. Capital Co as Shown	- <i></i>	\$1	10. Amount of Capi in FLORIDA to o	it al Contributions								PT. OF STATE	1	
				AT IS A BUSINESS EN										
12.	NOTE		RAL PARTNER II		13.	all amen	dinon.	must be m		RESS CHAN				
DOCUMENT #	P9600009 LEGENDA	DV ST CLC	DUD INC. 34.	SC Golf anagement, Inc	STREET	T ADDRESS	4775	Canoe	Creek 1	Road				
317-51-ZIP	385 HIGH DESTIN FI	NAY 98 EA	ST, SUITE 60	See Name Chg Ammendment on	CITY-S	ST-ZIP	St.	Cloud,	FL 34	772				
DOCUMENT # NAME STREET ADDRESS				9/20/1999	STREET	T ADDRESS		<u> </u>						
CITY-ST-ZIP					CITY-S	ST-ZIP			<u>LOOE</u>	0 04 2	218 701 -	28 JIIV	1 4 € 3043	<u>></u> _
NAME STREET ADDRESS					STREET CITY-S	T ADDRESS		.	-	****16	7.50	珠珠珠	* 167.50	
CITY-ST-ZIP					_	T ADDRESS					<u></u>			
NAME STREET ADDRESS CITY-ST-ZIP					CITY-S	-	·		<u> </u>		-			
DOCUMENT #					STREET	T ADDRESS		·-··						
STREET ADDRESS CITY-ST-ZIP					CITY-S	ST-ZIP								
OCC MENT /					STREET	ADDRESS								
STELT ADDRESS CITY ST-ZIP		 			CITY-S	ST-ZIP								

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:

Reed H. Berlinsky

4/26/2001

407-957-9282

Daytime Phone #