2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002278 1. Entity Name HACIENDA COMMUNITIES, LTD. Principal Place of Business 40 LSS WEST HISMANI. SUITE 205 BY HIS 209 GENERAL RESIDENCE COMPONITION Suite, Act. 4. Inc. Chr. 5 Diese Chr.					<u> </u>	-	
Principal Prace of Seurness 430 EAST WEST HIGHWAY, SUITE 208 68TH-SSOA MD 20014 2. Principal Prace of Stunness Suite, Apr. 4, etc. City 6 Sinite City 6 Sinite City 6 Sinite Country 2. Country 3. Main and Address of Current Registered Agent 3. Main and Address of Current Registered Agent 3. Main and Address of Current Registered Agent 3. Name and Address of New Registered 5. Name and Address of New Registered 5. Name and Address of New Registered 5. The above named certify submitted the statement for the purpose of changing its registered diffice or registered agent, or both, in this State of Fiorids. 2. Country 2. Country 2. Country 3. Main and Address of Current Registered Agent 3. Name and Address of New Registered Agent 4. FER Number 5. Country 5. Country 5. Country 5. Country 5. Name and Address of New Registered 6. The above named certify submitted the Address of New Registered Agent 5. The above named certify submitted the Address of New Registered 6. The above named certify submitted the Address of New Registered Agent 6. The above named certify submitted the Address of New Registered Agent 6. A GENERAL PARTITION AND ADDRESS CENTRY AMON TO THE ADDRESS CENTRY AND ADDRESS C		7 1000	00002278	•		FILED STATE	
SUBJECT WEST HOST WEST WEST MEST WAS MEST WEST WEST WEST WEST WEST WEST WEST W	HACIENDA COMMUNITIES, LTD.					SECRETARY CORPORATIONS DIVISION OF CORPORATIONS	
SUBJECT WEST HOST WEST WEST MEST WAS MEST WEST WEST WEST WEST WEST WEST WEST W	Principal Plac	e of Business	Mailing Address .	·····		100 JUN 26 PM 1.23 1)	
2. Principal Place of Business Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 5, etc. Suite, Apt. 6, etc. Cry & State Connection The April of Cry & State Connection The Application of Statut Deptication Connection The Application of State Cry & State Connection The Application	4340 EAST WEST HIGHWAY. SUITE 206 4340 EAST WEST HIGHWAY.				TE 206		
2. Principal Place of Business Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 5, etc. Suite, Apt. 6, etc. Cry & State Connection The April of Cry & State Connection The Application of Statut Deptication Connection The Application of State Cry & State Connection The Application							
City & State Coy & State Coy & State Country Zp Country Sp. Certificate of Status Desired Set. 75 Actional Control Not Applicated For Not Application Set. 75 Actional Control Set. 75 Action	2. Principal Place of Business 3. Mailing Address					1001011	
Secretary Secr	Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1. Name and Address of New Registered Agent 2. Address (Po. Box Number is Not Acceptable) 1. Name and Address of New Registered Agent 2. Address (Po. Box Number is Not Acceptable) 1. Name and Address of New Registered Agent 2. Address (Po. Box Number is Not Acceptable) 1. Name and Address of New Registered Agent 2. Address (Po. Box Number is Not Acceptable) 1. Address (Po. Box Number is Not Acceptable) 1. Name and Address of New Registered Agent 2. Address (Po. Box Number is Not Acceptable) 1. Address (Po. Box Number is Not Acceptable) 1. Name and Address of New Registered Agent 2. Address (Po. Box Number is Not Acceptable) 1. Address (Po. Box Number is Not Acceptable) 1. Name and Address of New Registered Agent 2. Address (Po. Box Number is Not Acceptable) 1. Name and Address of New Registered Agent 2. Address (Po. Box Number is Not Acceptable) 1. Name and Address (Po. Box Number is Not Acceptable) 1. Name and Address (Po. Box Number is Not Acceptable) 1. Name and Address of New Registered Agent 2. Address (Po. Box Number is Not Acceptable) 1. Name and Address of New Registered Agent 2. Address (Po. Box Number is Not Acceptable) 1. Name and Address of New Registered Agent 2. Address (Po. Box Number is Not Acceptable) 2. Address (Po. Box Number is Not Acceptable) 3. Address (Po. Box Number is Number is Number in Number in Number is Number in Number in Number in	City & State	City & State City & State				E0 0402040	
CORPORATION SERVICE COMPANY 1201 HAVS STREET TALLAHASSEE FL 32301-2525 Company	Zip	Country	Zip	Coun	ntry		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Clearwater, FL 293%61 8. The above named entity submitty-rips statement for the purpose of changing its registered office or registered agent, or Doth, in the State of Florida. SIGNATURE 9. Capital Contributions as Shown on record NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNERTHAT, IS A BUSINESS ENTITY MUST-BE-REGISTERED AND ACTIVE WITHSOM OFFICE STATES. 13. ACQUIRED AND ACTIVE WITHSOM OFFICE STATES. 14. ACQUIRED AND ACTIVE WITHSOM OFFICE STATES. 15. GENERAL PARTNERTHAT, IS A BUSINESS ENTITY MUST-BE-REGISTERED AND ACTIVE WITHSOM OFFICE STATES. 16. The states and the states of the s	, ,	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
1201 HAYS STREET TALIAHASSEE FL 32301-2525 8. The above named entity submits are statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. Capital Contributions 8. Shown on the code of the Contributions 9. Capital Contribut				نيست	Name Divers	sified Investments	
TALLAHASSEE FL 32301-2525 Circle arwater, FL Z95961 8. The above named entity submits any statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: 9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions as Shown on record. 11. MAKK CHECK PAYABLE TO BETH OF STATE SECTION ON RECORD AND ACTIVE WITH THIS OFFICE: NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. CENERAL PARTNER INFORMATION 13. ADUSTRESS ENTITY MUST-BE REGISTERED AND ACTIVE WITH THIS OFFICE: NORE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. CENERAL PARTNER INFORMATION 13. ADUSTRESS CHANGES ONLY 13. ADURESS CHANGES ONLY 14. B8000002093 HACEINA COMMINITIES, L.C. SIRET ADDRESS GIY-ST-2P DOGMANIT/ INAK S					Street Address (P.O. Box Number is Not Acceptable)		
SICHATURE Signature, troot or professional systems statement for the purpose of changing its registered office or registered sign. or both, in the State of Florida. SICHATURE Signature, troot or professional systems again as the first section. District Register Apart signature received your environment of the purpose of changing its registered office or registered sign. or both, in the State of Florida. SICHATURE SICHATURE SIGNATURE SIGNATU					20100	o.b. Highway 15 Mozon	
B. 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. SIONATURE	TALENTINOSE TE SESSI ESES				cigleary	water, FL Z33961	
SIGNATURE 9. Capital Contributions as Shown on leaders 1. 143,134.37 10. Amount of Capital Contributions as Shown on leaders 1. 143,134.37 10. Amount of Capital Contributions as Shown on leaders 1. 143,134.37 10. Amount of Capital Contributions in the Contributions as Shown on leaders 1. 143,134.37 10. Amount of Capital Contributions in Received Partners Side For Fee Information NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY SIRRET ADDRESS CHANGE	8. The above						
SERVERSE SIDE FOR FEE INFORMATION NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOWNST ISQUOXIDERS ISQUOXIDER		(Jack)	B0058) 6	Savle	Bensor	n, Member 6/19/00	
T2. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOOLMBIT / NAME STREET ADDRESS CITY-ST-2P DOOLMBIT / ST-2P DOOLMBIT / NAME STREET ADDRESS CITY-ST-2P DOOLMBIT / ST-2P		on record.	in FLORIDA to	date.		SEE REVERSE SIDE FOR FEE INFORMATION	
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOOLMBIT / NAME SIREST ADDRESS CITY-ST-2P SIREST ADDRESS CITY-ST-2P DOOLMBIT / NAME SIREST ADDRESS CITY-ST-2P SIREST ADDRESS CITY-ST-2P DOOLMBIT / NAME SIREST ADDRESS CITY-ST-2P SIREST AD		A GENERAL PARTNER:	THAT IS A BUSINESS E	NTITY M	UST-BE:REGIS	STERED AND ACTIVE WITH THIS OFFICE.	
HACIENDA COMMUNTIES, L.C. STREET ADDRESS STREET ADR	12.						
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP STREET ADDRESS CITY-ST-ZP CIT		HACIENDA COMMUNITIES, L.C.		STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST			JITE 206	СПТҮ	'-ST-ZIP	,	
STREET ADDRESS CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST				STRI	EET ADORESS	6000033137161 -07/05/0001102023	
NAME STREET ADDRESS CITY - ST - ZP DOCUMENT / NAME STREET ADDRESS CITY - ST - ZP DOCUMENT / NAME STREET ADDRESS CITY - ST - ZP CITY - ST - ZP CITY - ST - ZP DOCUMENT / NAME STREET ADDRESS CITY - ST - ZP CITY - ST - ZP CITY - ST - ZP TOURISM / STREET ADDRESS CITY - ST - ZP CITY - ST - ZP TOURISM / STREET ADDRESS CITY - ST - ZP Tourism / STREET ADDRESS CITY - ST - ZP 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 his 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 of trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE:				СПҮ	'- ST-ZBP	****525.25 ****526.25	
CITY-ST-ZP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZP Thereby 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 phis 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:	**	a sad in the Total Artists of	1 : 7 h 1 / m	*~ STRI	EET ADORESS =>> 1	The production of the second o	
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP TOURNAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP THEET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP THEET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP ST				CITY	'- ST-ZIP		
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP THE TADDRESS 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: SIGNATURE:				STRI	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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:				СПҮ	'-ST-ZIP		
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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:	NAME			STR	EET ADDRESS		
STREET ADDRESS 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 of trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE:				СПУ	'-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:	NAME	30 350 303 31		STFN	EET ADORESS		
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 of the receiver of trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: SIGNATURE:	CITY-ST-ZIP					On the AAO OZOVO Floride Ordana I fasher and the state of the	
	indicated	on this report is true and accurate and	that my signature shall hav	ve the same	e legal effect as if	Section 119.07(3)(1), Fiorida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership.	
	SIGNAT		OF DO MAN OF STANDARD	RED) =R		