2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   A99000000089

1. Entity Name

G.L. HOMES OF NAPLES ASSOCIATES, LTD.

Principal Place of Business
1401 UNIVERSITY DRIVE. SUITE 200
CORAL SPRINGS FL 33071

Mailing Address
1401 UNIVERSITY DRIVE. SUITE 200
CORAL SPRINGS FL 33071-6088

2. Principal Place of Business | **3.** Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

DO NOT WRITE IN THIS SPACE

Zip | Country | Zip | Country

4. FEI Number
65-0907353

Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

G.L. HOMES OF NAPLES CORPORATION
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

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 _____

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.   **$6,238,000.00**

10. Amount of Capital Contributions in FLORIDA to date.   **$6,238,000.00**

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 # P99000000377 NAME G.L. HOMES OF NAPLES CORPORATION STREET ADDRESS 1401 UNIVERSITY DRIVE, SUITE 200 CITY-ST-ZIP CORAL SPRINGS FL 33071	STREET ADDRESS CITY-ST-ZIP 50000329D855——5 -06/15/00--01046--014
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1%. 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_   04/25/00   954-753-1730

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

RICHARD M. NORWALK, VICE PRESIDENT OF GEN PTR. G.L. HOMES OF NAPLES CORP.