2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9900001268				EHEM
1. Entity Name TROPHY CLUB AT THE STRAND LIMITED PARTNERSHIP				FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS
MOTH OLD AT THE STORIS CHARLES LACTION				OO MAD
Principal Place of Business 4375 DOVER COURT. SUITE 102 NAPLES FL 34105 Mailing Address 4375 DOVER COURT. SUITE NAPLES FL 34105 MAPLES FL 34105		E 102	00 MAR -6 PM 6: 39	
2. Principal Place of Business 3.		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For 5 9 - 3 5 9 0 0 9 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
	6. Name and Address of Current i	Registered Agent		7. Name and Address of New Registered Agent
PRIOR D COOTT FOO			Name Bateman, Arthur L.	
PRICE, R. SCOTT ESQ. C/O KELLY, PRICE, ET AL			Street Address (P.O. Box Number is Not Acceptable)	
2640 GOLDEN GATE PARKWAY, #315			1	375 Dover Court, #102
NAPLES FL 34105		City		
8. The above named entity submits his 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) OATE				
9. Capital Contributions as Shown on record. \$1,500,000.00 10. Amount of Capital Continuous in FLORIDA to date.			te.	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.				
			13.	ADDRESS CHANGES ONLY
DOCUMENT# NAME	P99000051013 TROPHY CLUB AT THE STRAND, INC. 4375 DOVER COURT, SUITE 102 NAPLES FL 34105		STREET ADORESS	6000031780962 -03/21/0001090015
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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: WITHER 3/2/00				

Daytime Phone #

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER