2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

0014947 AT

DOCUMENT # B19000000287

1. Entity Name
GOPHER RIDGE I LIMITED PARTNERSHIP

FILED
03 APR -9 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4210 METRO PKWY., STE. 250 FT MYERS FL 33916	4210 METRO PKWY., STE 250 FT MYERS FL 33916

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DUE BY MAY 1, 2003

4. FEI Number APPLIED FOR 59-2811072 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RYAN, STEPHEN W 4210 METRO PKWY., STE. 250 FT MYERS FL 33916	Name Richard Choma Street Address (P.O. Box Number is Not Acceptable) 4210 Metro Parkway Suite 250 City Ft. Myers FL Zip Code 33916

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Richard Choma RICHARD CHOMA VP | CAO 3/27/03
Signature, typed or printed name of registered agent and title if applicable — DATE

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$10,000,000.00		

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 #	M01000000300	STREET ADDRESS	4210 Metro Parkway, Suite 250
NAME	COLLIER CITRUS MANAGEMENT, LLC.	CITY-ST-ZIP	
STREET ADDRESS	4210 METRIC PARKWAY, SUITE 250		
CITY-ST-ZIP	FT. MYERS FL 33916		
DOCUMENT #		STREET ADDRESS	900353406968
NAME		CITY-ST-ZIP	700015556582
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	M THOMAS
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (10/02)

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: Richard Choma SIGNATURE REQUIRED RICHARD CHOMA VP | CAO 3/27/03 (239) 275-4060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

STATE USE ONLY