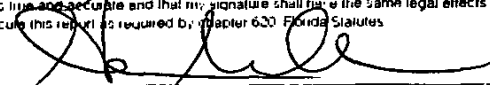


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FILED
00 OCT 27 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2000 UBR		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FOR LIMITED PARTNERSHIP			
DOCUMENT #B95000000027			
1. Name of Limited Partnership GOLFSIDE LIMITED PARTNERSHIP			
2. Filing address 200 WEST MADISON STREET Suite Apt # etc 25TH FLOOR City & State CHICAGO, ILLINOIS Zip 60606 Country COOK		3. Principal Office address 4605 VILLAGE CENTER DRIVE Suite Apt # etc City & State PALM HARBOR, FLORIDA Zip 34685 Country PINELLAS	
4. Date Formed or Registered To Do Business in Florida 1/24/95		5. FEI Number 36-4049498	
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status		7. State or Country of Formation DELAWARE	
8a. Capital Contributions as Shown on Record \$1,760,360		FEES: 1) Filing Fee(s) Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$32.50 and a maximum of \$437.50, for each year due this office 2) Supplemental Fee(s) \$88.75 for each year due this office, beginning with 1992 calendar year 3) Penalty Fee(s) \$500 penalty fee for each year report form is delinquent Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee	
8b. Amount of Capital Contributions in FLORIDA to date \$1,760,360			
9. Name and Address of Current Registered Agent Prentice-Hall Corporation Systems, Inc. 1201 Hayes Street Suite 105 Tallahassee, Florida 32301		10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) Suite Apt # etc City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.			
STATE OF FLORIDA (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Number)	City, State and Zip Code	11a. Registration Document Number
Lansbrook Development Corp.	4605 Village Center Dr.	Palm Harbor, FL 34685	384080
This is the 2000 UNIFORM BUSINESS REPORT.			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I hereby certify, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or limited empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE 		DATE 10/23/00	
Typed or Printed Name of General Partner Signing Form Glen Miller, Vice President		Telephone Number (312) 750-8400	

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Adm - 400.00
AR 437.50
AR SUP 88.75
926.25

CR2009 112991



THE UNITED STATES
CORPORATION
COMPANY

BA5000000027

(2)

ACCOUNT NO. : 072100000032

REFERENCE : 876947 4349972

AUTHORIZATION : Patricia Pigato

COST LIMIT : \$561.25

ORDER DATE : October 26, 2000

ORDER TIME : 10:56 AM

ORDER NO. : 876947-005

CUSTOMER NO: 4349972

CUSTOMER: Ms. Patti Hennegan
DIVERSIFIED FINANCIAL
DIVERSIFIED FINANCIAL
200 West Madison Street
25th Floor
Chicago, IL 606063414

926.25

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TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: GOLFSIDE LIMITED PARTNERSHIP

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
EXAMINER'S INITIALS:

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
00 OCT 27 AM 11:24
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING