APPRUYEL

DOCUMENT # B9700000418					AND FILED	
MASTERCRAFT HOMES, LTD.					02 MAY 31 PM 2: 34	
Principal Place of Business Mailing Address 9311-1 COLLEGE PARKWAY 9311-1 COLLEGE PARKW FORT MYERS FL 33919 FORT MYERS FL 33919					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business 1500 Colonial Blvd. 3. Mailing Address 1500 Colonia			 al Blv	d.		
Suite, Apt. #, etc. Suite 215 Suite 215					DUE BY MAY 1, 2002	
City & State Fort Myers, FL City & State Fort Myers,			FL 4		4. FEI Number 04-3385257 Applied For	
Zip 33907	Country	Zip 33907	Count	try	S. Certificate of Status Desired \$8.75 Additional	
33707	6. Name and Address of Current i				Fee Required 7. Name and Address of New Registered Agent	
Name					oos_Truxton, PA	
TRUXTON, GREGG'S-ESQ. C/O BOLANOS, TRUXTON & YOUNGS, P.A.				Street Address (P.O. Box Number is Not Acceptable) 12800 University Drive, Suite 340		
12800 UNIVERSITY DRIVE, STE 340			,		oniversity brive, butte 340	
FT. MYERS FL 33907				City Tout	Myers FL Zin Sode 33907	
8. The above named entities ubmits this statement for the purpose of changing its re				Fort d office or registe	= 33767	
SIGNATURE Signature-speed or printed number registered agent and title if applicable. DATE						
9. Capital Contributions as Shown on record. \$9,277,778.00 In FLORIDA to date in FLORIDA to date				utions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIS					STERED AND ACTIVE WITH THIS DESICE	
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 # NAME	F97000004269 MCH HOLDINGS, INC. s 9311-1 COLLEGE PARKWAY FORT MYERS FL 33919		STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	6000057257366	
DOCUMENT # NAME			STREE	T ADDRESS		
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DOCUMENT #			STREET	ADDRESS		
STREET ADDRESS CITY ST-ZIP			CITY-S	T-ZIP		
DOCUMENT # NAME *			STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-S			
14. I hereby of indicated the receiv	ertify that the information supplied with the on this report is true and accurate and the or trustee empowered to execute this in	his filing does not qualify for at my signature shall have to be contact as required by Chapt	the exemp	ition stated in Se egal effect as if m	ection 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership or	

SIGNATURE:

Pres,

Date

CR2E003 (9/01)