

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000430

1. Entity Name

SHORES AT GULF HARBOUR LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 12 PM 1:33

Principal Place of Business  
3185 HORSESHOE DRIVE SOUTH, 1ST FLOOR  
NAPLES FL 34104

Mailing Address  
3185 HORSESHOE DRIVE SOUTH, 1ST FLOOR  
NAPLES FL 34104-6138



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3489305		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SOLOMON, A. JACK 3185 HORSESHOE DRIVE SOUTH, 1ST FLOOR NAPLES FL 34104				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$5,408,096.00

10. Amount of Capital Contributions in FLORIDA to date. \$49,180.77

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 #	P96000072214	STREET ADDRESS	
NAME	RONTO DEVELOPMENTS OF FORT MYERS, INC.	CITY - ST - ZIP	
STREET ADDRESS	3185 HORSESHOE DRIVE SOUTH, 1ST FLOOR		
CITY - ST - ZIP	NAPLES FL 34104		
DOCUMENT #	M97000000477	STREET ADDRESS	
NAME	WESTBROOK SHORES AT GULF HARBOUR, L.L.C.	CITY - ST - ZIP	
STREET ADDRESS	599 LEXINGTON AVENUE, STE. 3800		
CITY - ST - ZIP	NEW YORK NY 10022		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

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: A. Jack Solomon (941) 426-0000 (941) 649-6310

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

CR2E003 (9/99)