2002 UNIFORM BUSINESS REPORT (UBR)

B97000000430 **DOCUMENT #** FILED 1. Entity Name May 08, 2002 8:00 Secretary of State SHORES AT GULF HARBOUR LIMITED PARTNERSHIP Principal Place of Business Mailing Address 3185 HORSESHOE DRIVE SOUTH, 1ST FLOOR 3185 HORSESHOE DRIVE SOUTH, 1ST FLOOR NAPLES FL 34104 NAPLES FL 34104 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 59-3489305 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Ken E. Bloom SOLOMON, A. JACK Street Address (P.O. Box Number is Not Acceptable) 3185 Horseshoe Dr 3185 HORSESHOE DRIVE SOUTH, 1ST FLOOR NAPLES FL 34104 First Floor City ^z34464 Naples 8. The above named entity submits of its statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. conoth E. blood SIGNATURE 10. Amount of Capital Contributions 1,222,458.-9. Capital Contributions \$5,408,096.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. CR2E003 (9/01) P96000072214 DOCUMENT # STREET ADDRESS RONTO DEVELOPMENTS OF FORT MYERS, INC. NAME 3185 HORSESHOE DRIVE SOUTH, 1ST FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 M97000000477 DOCUMENT # 100005610811-STREET ADDRESS WESTBROOK SHORES AT GULF HARBOUR, L.L.C. NAME 599 LEXINGTON AVENUE, STE. 3800 STREET ADDRESS ****526.25 CITY-ST-ZIP ****526.25 CITY-ST-ZIE **NEW YORK NY 10022** DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ODRESS

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 E PERILIPIED DE S F. Myes, INC 42/62 941.649.631D

ED NAME OF SIGNING GENERAL PARTNER

Date

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