UNIFORM BUSINESS REPORT (UBR)					• (•	192
DOCUMENT*# B9800000414 1. Entity Name SOUTH BAY PLANTATION, L.P.					FILED 03 AUG -5 PM	<i>y</i> . 2: 40
Principal Place of Business 3301 WEST END AVENUE. SUITE 200 NASHVILLE TN 37203		Mailing Address 3301 WEST END AVENUE, SUITE 200 NASHVILLE TN 37203			SECRETARY OF FALLAHASSEE, F	
2. Principal Place of Business 3. Mailing Address					-	1991, 1910 (1911 1991) 1910 (1919) 1919)
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DUE BY SEPTEMBER 24, 2003		
City & State		City & State			4. FEI Number 62-1742603	Applied For Not Applicable
Zip	Country Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registere	
				Name		
CARTER, JOHN 3105 BAY OAKS COURT				Street Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33629						
				City FL Zip Code		
the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its	s registered o	office or registere	ed agent, or both, in the State of Florida. I a	m familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.				DATE		
9. Cari Co as Lwn	Cajt Contributions \$3,225,000.00 10. Amount of Capital in FLORIDA to da			ions		LE TO FL. DEPT. OF STATE FOR FEE INFORMATION
					ERED AND ACTIVE WITH THIS OFFICE to must be filed to change a general p	
12.	GENERAL PARTNER INFORMATION		13.	3. ADDRESS CHANGES ONLY		
DOCUMENT # NAME	NASHVILLE TN 37203		street a	ADDRESS	to the same of the	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-	TY-ST-ZIP		
DOCUMENT #			STREET A	ADDRESS	55	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-	-ZIP	1000220716 08/05/0301057002	341
DGCUMENT # NAME	^ .		STREET A	DDRESS		ించినట్టి దహ ————————————————————————————————————
STREET ADDRESS CITY-ST-ZIP			CITY-ST-	ZIP		
NAME			street a	DORESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-	ZIP	·	<u> </u>
DOCUMENT # NAME	,		STREET A	DDRESS		
STREET ADDRESS CITY-ST-ZIP			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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

シデド

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

SICULAR MARCE Carter, Manager of South Bay Naples, LLC 7/29/03

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

Date 615/279-9200

We did not receive the first notice, so please forgive the \$400 penalty.