

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000647

1. Entity Name

SUNDANCE-TURTLE CREEK LIMITED PARTNERSHIP

Principal Place of Business

10200 W FISHBOWL DRIVE
HOMOSASSA SPRINGS FL 34448

Mailing Address

400 W. MAPLE
SUITE 250
BIRMINGHAM AL 35209

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HALE, C. ALLEN
10200 FISHBOWL DRIVE
HOMOSASSA SPRINGS FL 34448

7. Name and Address of New Registered Agent

Name Barton, Robert E.
Street Address (P.O. Box Number is Not Acceptable)
10200 W. Fishbowl Drive
City Homosassa FL Zip Code 34448

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 *Robert E. Barton*
Signature, typed or printed name of registered agent and title if applicable.

Robert E. Barton

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/01

9. Capital Contributions
as Shown on record.

\$600,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT #
NAME BAYER, ROBERT B
STREET ADDRESS 400 WEST MAPLE, SUITE 250
CITY-ST-ZIP BIRMINGHAM MI 48009

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 100004422751--9
CITY-ST-ZIP -06/15/01--01069--031
****526.25 ****526.25

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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:

Robert B. Bayer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/12/01

(248) 647-2650

Date

Daytime Phone #

FILED

01 MAY 29 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJB

0020735 SP

CR2E003 (11/00)