

FILED

03 APR -1 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B98000000691					
1. Entry Name PELICAN LANDING GOLF RESORT VENTURES LIMITED PARTNERSHIP					
Principal Place of Business 24301 WALDEN CENTER DRIVE, SUITE 300 BONITA SPRINGS, FL 34134			Mailing Address 24301 WALDEN CENTER DRIVE, SUITE 300 BONITA SPRINGS, FL 34134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3543433 ☐ Applied For ☐ Not Applicable					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HASTINGS, VIVIAN N 24301 WALDEN CENTER DRIVE, SUITE 300 BONITA SPRINGS, FL 34134			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date of signature					
9. Capital Contributions as Shown on record, \$30,000,000.00			10. Amount of Capital Contributions in FLORIDA to date, \$9,385,263		
11. MAKE CHECK PAYABLE TO FL. 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 #	F98000006625		STREET ADDRESS		
NAME	PELICAN LANDING GOLF RESORT VENTURES, INC.		CITY - ST - ZIP		
STREET ADDRESS	24301 WALDEN CENTER DRIVE, SUITE 300				
CITY - ST - ZIP	BONITA SPRINGS, FL 34134				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
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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: 			03/21/03 (239) 498-8605		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Vivien N. Hastings, Vice President					

STAPLE CHECK HERE

CR/VE003 (1002)

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