FILED

972-443-6000

Daytime Phone #

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B9900000105

Scottertuff

1. Entity Name TERRABROOK VISTA LAKES, L.P.



03 JAH 17 AM 9:51 Mailing Address 3030 LBJ FREEWAY Principal Place of Business SECRETARY OF STATE TALLAHASSEE, FLORIDA 3030 LBJ FREEWAY. SUITE 1500 DALLAS TX 75234 LB-6. SUITE 1500 DALLAS TX 75234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number Applied For 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 10. Amount of Capital Contributions \$25,182,201.58 9. Capital Contributions \$25,182,201.58 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY M99000000305 CR2E003 (10/02) DOCUMENT # STREET ADDRESS TERRABROOK VISTA LAKES GP, L.L.C. NAME 3030 LBJ FREEWAY, LB-6, SUITE 1500 STREET ADDRESS CITY-ST-ZIP DALLAS TX 75234 CITY-ST-ZIP <u> 600010053336</u> -01/13/03--01062--010 **526, 25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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 ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CTY-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 eath; that I am a General Partner of the limited partnership or the receiver or trustee employered to execute this report as required by Chapter 620, Florida Statutes

TERRABROOK VISTA LAKES GP, L.L.C., its general partner