

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000193

1. Entity Name

FOREST GLEN GOLF COMMUNITY LIMITED PARTNERSHIP

Principal Place of Business

THE CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON DE 19801

Mailing Address

THE CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON DE 19801

2. Principal Place of Business

599 Lexington Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite 3800

City & State

New York, NY

Zip
10022

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent

SOLOMON, A. JACK

3185 HORSESHOE DRIVE SOUTH, FIRST FLOOR
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Islands Road

City

Plantation

FL

Zip Code

33324

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

Signature, typed or printed name of registered agent and title if applicable.

Craig Carter

Craig Carter
Assistant Secretary

6/5/01

DATE

9. Capital Contributions
as Shown on record.

\$1,500,000.00

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 # M99000000694
NAME WESTBROOK FOREST GLEN, L.L.C.
STREET ADDRESS 599 LEXINGTON AVENUE, SUITE 3800
CITY-ST-ZIP NEW YORK NY 10022

DOCUMENT # P97000048233
NAME ROTO GOLF ESTATES, INC.
STREET ADDRESS 3185 HORSESHOE DRIVE SOUTH
CITY-ST-ZIP NAPLES FL 34104

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

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

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:

Patrick K. Fox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Patrick K. Fox

4/4/01 (972) 934-0100

Date

Daytime Phone #

FILED

01 JUN -6 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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