2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

| DOCUMENT # L9800002815 1. Entity Name STONEYBROOK GOLF MANAGEMENT, LLC | | | | | | FÎLED | | | |
|---|---|--------------------------|--------------------|--|--------------------|---|--------------------------------------|-----------------------------|-----------|
| | | | | | 00 APR 26 PM 1: 42 | | | | ŧ |
| | | | | | 1 | | | | |
| Principal Place of Business Mailing Address 10707 CLAY ROAD P.O. BOX 2863 | | | | | T, | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| HOUSTON TX | 77041 | HOUSTON TX 772 | 52-2863 | | | | _ | | |
| | | | | | | | | | |
| | | 3. Mailing Address | | | | | | | i |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc | uite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State C | | City & State | City & State | | | 76-0588219 | <u> </u> | Applied For Not Applicab | nle |
| Zip Country | | Zip | ip Country | | 5. Certifica | te of Status Desired | \$5.00 A | dditional | |
| | 6. Name and Address of Curre | nt Registered Agent | | Name - | 7. Name ar | nd Address of New Register | ed Agent | | |
| C T CORPORATION SYSTEM | | | | Name | | | | | |
| 1200 SOUTH PINE ISLAND ROAD | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| PLANTATIO | ON FL 33324 | | | | | | | | |
| | | | | City | | | FL Zip Co | de | |
| 8. The above | named entity submits this statement | | | ed office or regis: | | ooth, in the State of Florida. | ΤΕ | | |
| | | | | EE IS \$50.00 Department | | | | | |
| 9. | T | MBERS/MEMBERS | 10. | | \ | ADDITIONS/CHAN | | | \exists |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM U.S. HOME CORPORATION 10707 CLAY ROAD HOUSTON TX 77041 | ☐ Dealer | NAM Stre | | | | ☐ Changs | Additi | ion Co |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delar | MAR Stre | | 4 | 00003244 -05/09/00 ******50.00 | Change 1964- 01098(| 3 005 | ton (|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Deter | NAM Stre | Y | | | ☐ Change | | loo |
| TITLE NAME STREET ADDRESS CITY-SY-ZIP | | □ Dete | NAM Stre | | | | Change | Additi | ton |
| TITLE NAME ** STREET ADDRESS CITY-ST-ZIP | | □ Deks | NAM Stre | · I | | | ☐ Chango | Additi | ion |
| TITLE RAME STREET ADDRESS GITY- ST- ZIP | | ☐ Delts | NAM Stre | | | | Change | Additi | ioa |
| 11. I hereby of indicated | Lectify that the information supplied von this report is true and accurate a subject to the receiver or true. | nd that my signature sha | ıll have the same | e legal effect as i | it made under oa | ath; that I am a managing me | r certify that the ember or manag | information ger of the | |

Richard G. Slaughter, Secretary of

4/24/00

713-877-2425

Daytime Phone #

⊋U.S. Home Corp.,

Manager