

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008062 AT

**DOCUMENT # A20042**

1. Entity Name

**EXPRESSWAY EAST, LTD.**

**FILED**

2002 MAR -4 PM 3: 13

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>2479 ALOMA AVE. WINTER PARK FL 32792</b>	Mailing Address <b>2479 ALOMA AVE. WINTER PARK FL 32792</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number **59-2538346**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARDNER, ROBERT N.  
2479 ALOMA AVE.  
WINTER PARK FL 32792**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$6,151,703.00**

10. Amount of Capital Contributions in FLORIDA to date. **4,959,000**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>G92358900030 CONDEV ASSOCIATES 2479 ALOMA AVE. WINTER PARK FL 32792</b>
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400005107944--6 -03/14/02--01048--007 ****526.25 ****526.25</b>
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CP2E003 (9/01)

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:** [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/27/02 407 679 1748**  
Date Daytime Phone #

STAPLE CHECK HERE