

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A96000002413**

1. Entity Name  
**METRO PLACE, LTD.**

**FILED**  
02 MAR 28 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **800 NORTH HIGHLAND AVE., SUITE 200 ORLANDO FL 32803**

Mailing Address: **P.O. BOX 4961 ORLANDO FL 32802-4961**



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number: **62-1667778** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 N. ORANGE AVE., SUITE 1100  
ORLANDO FL 32801**

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 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: **\$19,564,050.00**

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 #	<b>P96000102138</b>
NAME	<b>METRO PLACE, INC.</b>
STREET ADDRESS	<b>800 NORTH HIGHLAND AVE., SUITE 200</b>
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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	<b>300005183903--0</b>
CITY-ST-ZIP	<b>-04/02/02--01069--018</b> <b>****526.25 ****526.25</b>
STREET ADDRESS	<b>BK</b>
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: **Metro Place, Inc.**  
**Steven G. Kropp, President** **3-25-02** **407-297-1600**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

SIMPLE CHECK HERE

CR2E003 (9/01)