

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED


03 APR 25 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # A96000002413

1. Entity Name
METRO PLACE, LTD.



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

4. FEI Number **62-166778** Applied For Not Applicable

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

DUE BY MAY 1, 2003

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. I am familiar with, and accept the obligations of registered agent.

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. **\$19,564,050.00**

11. MAKE CHECK PAYABLE TO FL. 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 #	P96000102138
NAME	METRO PLACE, INC.
STREET ADDRESS	800 NORTH HIGHLAND AVE., SUITE 200
CITY-ST-ZIP	ORLANDO FL 32803
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	400018672964
CITY-ST-ZIP	05/09/03--01054--014 **526.25
STREET ADDRESS	<i>ATK</i>
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

By: *Metro Place Inc*

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *4-18-03* *407/297-1600*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *Stephen B. Brown, President* Date *4-18-03* Daytime Phone # *407/297-1600*

STAPLE CHECK HERE

CR2E003 (10/02)