

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001261 AF

**DOCUMENT # A97000002107**  
 1. Entity Name  
**MELODY LANE PARTNERS, LTD.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 JUL -5 AM 9:25



Principal Place of Business  
 125 S. SWOOPE AVENUE, SUITE 103  
 MAITLAND FL 32751

Mailing Address  
 125 S. SWOOPE AVENUE, SUITE 103  
 MAITLAND FL 32751-5784

2. Principal Place of Business  
**350 Melody Lane**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 940877**  
 Suite, Apt. #, etc.

City & State  
**Casselberry FL**

City & State  
**Maitland Florida**

Zip  
**32707** Country **USA**

Zip  
**32704-0877** Country **USA**

4. FEI Number **59-7106591** Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
~~SCHIEFERDECKER, HOWARD A~~  
~~125 S. SWOOPE AVENUE, SUITE 103~~  
~~MAITLAND FL 32751~~

7. Name and Address of New Registered Agent  
 Name **Howard A Schieferdecker**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1605 King Arthur Circle**  
 City **Maitland FL** Zip Code **32751**

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 **4/13/00**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$30,000.00**

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 #	<b>L28451</b>
NAME	<b>SDP INVESTMENTS, INC.</b>
STREET ADDRESS	<b>125 S. SWOOPE AVENUE, SUITE 103</b>
CITY - ST - ZIP	<b>MAITLAND FL 32751</b>
DOCUMENT #	<b>L79712</b>
NAME	<b>SOS REALTY CORP.</b>
STREET ADDRESS	<b>125 S. SWOOPE AVENUE, SUITE 103</b>
CITY - ST - ZIP	<b>MAITLAND FL 32751</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	<b>1605 King Arthur Circle</b>
CITY - ST - ZIP	<b>Maitland, FL 32751</b>
STREET ADDRESS	<b>1605 King Arthur Circle</b>
CITY - ST - ZIP	<b>Maitland, FL 32751</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>800003322978-4</b>
CITY - ST - ZIP	<b>-07/14700--01040--004</b>
STREET ADDRESS	<b>***298.75 ***298.75</b>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

CR2E003 (9/99)

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 REQUIRED~~ DATE **4/13/00** (407) 481-3711  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #