

# 2002 UNIFORM BUSINESS REPORT (UBR)

0017229 AT

**DOCUMENT #** B00000000300

**1. Entity Name**  
ORLANDO FDS, L.P.

**FILED**  
02 MAY -1 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**      **Mailing Address**  
15770 NORTH DALLAS PARKWAY, SUITE 850      15770 NORTH DALLAS PARKWAY, SUITE 850  
DALLAS TX 75248      DALLAS TX 75248

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2002**

**4. FEI Number** 75-2837136      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

**9. Capital Contributions as Shown on record.** \$3,463.00      **10. Amount of Capital Contributions in FLORIDA to date.** 990.00      **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 #	M00000002017	STREET ADDRESS	900005555089--2 -05/16/02--01051--022 ***141.25 ***141.25
NAME	ORLANDO FDS GEN-PAR, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	15770 NORTH DALLAS PARKWAY, SUITE 850	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75248	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** James F. Duggan      912-980-9686

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

CR2E003 (9/01)