2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B000000300 1. Entity Name ORLANDO FDS, L.P.					FILED 2003 AUG 22 PM 12: 57	
Principal Plac 15770 NORTH DALLAS TX 75	Mailing Address 15770 NORTH DALLAS PA DALLAS TX 75248	70 NORTH DALLAS PARKWAY. SUITE 850		DIVENION OF CORPORATIONS FAREAHASSEE, FLORIDA		
Principal Place of Business 3. Mailing Address						
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY SEPTEMBER 24, 2003	
City & State		City & State		·	4. FEI Number 75-2837136 Applied For	
Zip Country		Zip	Country		Not Applicable	
	S. Name and Address of Current	Pagistared Agent	<u></u>	·	Certificate of Status Desired Fee Required Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)		
						,
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. +am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.						
9. Capital Contributions as Shown on record. \$3,463.00 10. Amount of Capital Contributions in FLORIDA to date. 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 13. ADDRESS CHANGES ONLY						
DOCUMENT # NAME	ORLANDO FDS GEN-PAR, L.L.C. 15770 NORTH DALLAS PARKWAY, SUITE 850 DALLAS TX 75248 DRESS		STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	'- ST- ZIP		
DOCUMENT # NAME			STRE	EET ADDRESS	800022557298 08/25/0301107002 **926,25	
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DOCUMENT #			STRE	EET ADORESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
14. I hereby certify that the information supplied with this filling 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:

STAPLE CHECK HERE

8-15-03 972-980-9686 Date - Dayline Phone #