

2001 UNIFORM BUSINESS REPORT (UBR)

ROYAL AND FILED

01 MAY 15 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000491

1. Entity Name
METROWEST SHOPPES AND RESTAURANTS, LTD.

Principal Place of Business Mailing Address
1803 Park Center Drive, Suite 220
Orlando, Florida 32835

2. Principal Place of Business 3. Mailing Address
Suite, Apr. #, etc. Suite, Apr. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For 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
Randolph J. Rush, Esq.
250 Park Avenue South, 5th Floor
Winter Park, Florida 32789

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 date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 100.00 10. Amount of Capital Contributions in FLORIDA to date.

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	1803 Park Center Drive Development Corp.	1803 Park Center Drive, Suite 220	Orlando, FL 32835
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	4000004384014-5
CITY-ST-ZIP	-06/08/01--01088--001 ***3468 75 ****141.25
STREET ADDRESS	\$141.25
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)(f), 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] DATE: 4/30/01 (407-294 6400) DAYTIME PHONE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER