

UNIFORM BUSINESS REPORT

(BR)

DOCUMENT # **AG0000000606**

ESAWICH, PEPPERDINE & BROWN/CHRISTIAN, LLP

FILED

01 MAY - 8 AM 11:53

Principal Place of Business

Mailing Address

1900 SUMMIT TOWER BLVD, SUITE 600
ORLANDO FL 32810

1900 SUMMIT TOWER BLVD, SUITE 600
ORLANDO FL 32810

423 South Keller Road - Suite 100
TALLAHASSEE, FLORIDA

423 South Keller Road - Suite 100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

Orlando, FL

Orlando, FL

4. FEI Number

59-3606861

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAME: HUGH MCCONNELL
ADDRESS: 1900 SUMMIT TOWER BLVD, SUITE 600
ORLANDO FL 32810

NAME: HUGH MCCONNELL
ADDRESS: 423 South Keller Road - Suite 100
TALLAHASSEE, FL 32309

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: Hugh McConnell, SVP/CEO

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

DATE

9. Capital Contributions as Shown on record.

\$490.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #	NAME	STREET ADDRESS	
	CHRISTIAN, TY		
	STREET ADDRESS		
	800 MONTANA STREET		
	CITY-ST-ZIP		
	ORLANDO FL 32803		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY-ST-ZIP		
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	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

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-13-01

Date

407-875-1111

Daytime Phone #