

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000548**

1. Entity Name

105 PARTNERS LTD.

FILED

02 MAR 20 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

20 EAST CENTRAL BLVD
ORLANDO FL 32801

20 EAST CENTRAL BLVD
ORLANDO FL 32801



2. Principal Place of Business

3. Mailing Address

105 East Robt & S.W

20 East Central Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

Applied For

Orlando, Fla

Orlando, Fla

59-3724488

Not Applicable

Zip

Country

Zip

Country

32801

Orange.

32801

Orange

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

KHOSHNOU, RAYMOND
20 EAST CENTRAL BLVD
ORLANDO FL 32801

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.

\$5,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	KHOSHNOU, RAYMOND	20 EAST CENTRAL BLVD	ORLANDO FL

STREET ADDRESS	CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

[Signature] 2/20/2002 407-648-6496

Date

Daytime Phone #

CR2E003 (9/01)