

# 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

20 EAST CENTRAL BLVD  
ORLANDO FL 32801

Mailing Address

20 EAST CENTRAL BLVD  
ORLANDO FL 32801

2. Principal Place of Business

105 East Robt St

3. Mailing Address

20 East Central Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Orlando, Fla

City & State

Orlando, Fla

4. FEI Number

59-3724487

Applied For

Not Applicable

Zip

32801

Country

Orange

Zip

32801

Country

Orange

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KHOSHNOU, RAYMOND  
20 EAST CENTRAL BLVD  
ORLANDO FL 32801

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.

\$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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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)(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

Date

Daytime Phone #

2/20/2002 407-648-6496

CR2E003 (9/01)