2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
03 OCT 16 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # A02000000507

1. Entity Name
ORNS ENTERPRISE ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
7239 BRYCE POINT PINELLAS PARK FL 33782	7239 BRYCE POINT PINELLAS PARK FL 33782

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY SEPTEMBER 24, 2003

4. FEI Number 04-3638379 ☐ Applied For ☐ Not Applicable

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
DOERR, KENNETH D ESQ. 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA FL 34236	Name Street Address (P.O. Box Number is Not Acceptable) 400022356834 08/15/03--01060--006 **141.25 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $750,000.00	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 STREET ADDRESS CITY-ST-ZIP	ORNS, JERRY 7239 BRYCE POINT PINELLAS PARK FL 33782	STREET ADDRESS CITY-ST-ZIP	400022356834 10/30/03--01017--006 **385.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ORNS, DONNA 7239 BRYCE POINT PINELLAS PARK FL 33782	STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (4/03)

STAPLE CHECK HERE

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] 8/5/03 727-572-7440 x206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #