

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 08:00 AM
Secretary of State

DOCUMENT # A04143

1. Entity Name
 KISSIMMEE HOMES, LTD.

Principal Place of Business 300 CREST DR. HAINES CITY FL 33844	Mailing Address 300 CREST DR. HAINES CITY FL 33844
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2. Principal Place of Business 2188 MCCLAREN CIRCLE Suite, Apt. #, etc.	3. Mailing Address 2188 MCCLAREN CIRCLE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State KISSIMMEE FL	City & State KISSIMMEE FL
Zip 34744	Country

4. FEI Number 59-2789098	Applied For Not Applicable
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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ZIMMERLY ROBERT E
 300 CREST DR.

 HAINES CITY FL 33844 US

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 ROBERT ZIMMERLY DATE 02/28/2001
Signature, typed or printed name of registered agent and title 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. 0.00
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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	ZIMMERLY ROBERT E
STREET ADDRESS	300 CREST DRIVE
CITY-ST-ZIP	HAINES CITY FL 33844
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Robert Zimmerly GP Date 02/28/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (11/00)