2000	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR
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DOCU		# A0941	7								
ORLANDO FOODS, LTD.						FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS					
Principal Place of Business  % RESTAURANT ADMINISTRATION SERVICES  % RESTAURANT ADMINISTRATION SERVICES  2699 LEE ROAD.#200  WINTER PARK FL 32789  WINTER PARK FL 32789-173				SERVICES	00 APR 21 AM 3: 05						
2. Principal Place of Business 3. Mailing Address			.,			DIN BUSHU IBNIK UKUBU KIUKI IUBN	DI <b>a</b> ii Bibii	DIDIL BYBLI BIBLY BIBLY YOU)			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE						
City & State				City & State		4. FE! Number	59-2031651	-, -	Applied For Not Applicable		
Żip		Country	Ž	Zip Co		try	5. Certificate of Status Desired See Required Fee Required				
	- 6. Name	and Address of Current l	Regis	tered Agent		Nama	7. Name and A	ddress of New Registe	red Age	ent	
STINE, RO	ORFRT H.					Name					
•		MINISTRATION SERVICE	S			Street Address (	Street Address (P.O. Box Number is Not Acceptable)				
	ROAD,#20										
WINTER PARK FL 32789				City			FL	Zip Code			
8. The above	named entit	y submits this statement for	the p	urpose of changing its	registere	ed office or register	red agent, or both,	, in the State of Florida.			
SIGNATURE .										_	
		or printed name of registered agent a	nd title i			d Agent signature required	d when reinstating)	11. MAKE CHECK PAY	ARIE T	NEDT OF STATE	
9. Capital Co as Shown	on record.	\$1,192,000.00		10. Amount of Capita in FLORIDA to di	ate.			SEE REVERSE SIL	E FOR I	EE INFORMATION	
	A 6 NOTE	GENERAL PARTNER T General Partners MA	HAT I Y NO	IS A BUSINESS EN T be changed on th	TITY M ne form	UST BE REGIS' ; an amendmen	TERED AND AC nt must be filed	TIVE WITH THIS OF to change a genera	FICE. I partne	er.	
12.	T 100 1/2	GENERAL PARTNER	INFO	RMATION	13.			ADDRESS CHANGE	SONLY		
DOCUMENT# NAME	A09418 RESTAURANT MANAGEMNT,LTD					ET ADDRESS	60	000325	14	865	
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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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Date Date Date Date Date Date											