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DOCUMENT # A10060. 1. Entity Name										~′	17 A+
ORANGEWOOD VILLAGE, LTD.							-	LED		M	,
Principal Place of Business Mailing Address							O1 FEB	15 AM 11: 58	3	()	
2120 DREW ST. 2120 DREW ST.							SECRETA	RY OF STATE			
CLEARWATER	FL 33765		CLEAR	WATER FL 33765			TALLAHA	SEE, FLORIDA		#(#() #(#() #(#() #(#() If	44)
											H
2. Principal Place of Business 3. Mailing Address							1 (BB(B)) (BB) SIBN BBNS BBNS BBNS BBN BBN BNBN BNBN B				
Suite, Apt. #, etc. Su				Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State				City & State			4. FEI Number	59-2062861		Applied Fo	
Zip Country 6. Name and Address of Current F			Zip			try	5 Certificate of	of Status Desired		Not Applic 8.75 Additional	able
			nt Realstere					Address of New Reg	F6	ee Required	_
of Wallie and Address of Gallery Rogistator and Santa						Name -		-	· · ·	<u>ر. به شد. و ا</u>	
FUNK, RICHARD B.						Street Address (P.O. Box Number is Not Acceptable)					
2120 DREW ST. CLEARWATER FL 33765											
						City			FL	Zip Code	
8. The above	named entity	submits this statement	for the purp	ose of changing its	registere	Led office or regis	tered agent, or both	, in the State of Florid	a.	<u> </u>	\neg
SIGNATURE .											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re						d Agent signature requ	ired when reinstating)	11. MAKE CHECK	DATE	O DEDT OF STATE	
9. Capital Contributions as Shown on record. \$50,500.00 In FLORIDA to date								SEE REVERSE	SIDE FOR	FEE INFORMATION	
	A (NOTE:	SENERAL PARTNER General Partners M	R THAT IS A	A BUSINESS ENT be changed on th	FITY M e form	UST BE REGI ; an amendm	STERED AND AG ent must be filed	CTIVE WITH THIS (to change a gene	OFFICE. eral partn	er.	
12. GENERAL PARTNER INFORMATION						,		ADDRESS CHAN			\exists ξ
	590286 J.R.S. EQU	ITIES. INC.			STRE	ET ADDRESS					10/
STREET ADDRESS CITY-ST-ZIP CLEARWATER FL					CITY	-ST-ZIP					F003 (11/00)
DOCUMENT #	CLEARWAI	ER FL				TET LORDEGO					
NAME STREET ADDRESS					SIME	ET ADDRESS					\dashv
CITY-ST-ZIP					CITY	-ST-ZIP	1	000021	<u>746</u>	321	2
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STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP					
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CITY-ST-ZIP					0705		·····				
NAME: STREET ADDRESS					SIRE	ET ADDRESS	<u> </u>	····			
CITY-ST-ZIP					CITY	-ST-ZIP					
DOCUMENT # NAME					STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP					
14. I hereby of indicated	certify that the	e information supplied w t is true and accurate a	vith this filing	does not qualify for	the exe	mption stated in e legal effect as i	Section 119.07(3)(i) f made under oath;	, Florida Statutes. I fu that I am a General P	rther certify artner of th	y that the information time that the information of the limited partnersh	on nip or

TREASURER - I.R.S. FOUTTHES TWO

SIGNATURE: .

Z(12/01