2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HENG

SIGNATURE:

UN	ILOUM BOSINE	33 REPUR	<u> </u>	y Dnj	_		5
DOCUMENT # A10647 1. Entity Name ROLLER RANCH, LTD.					FILED 03 APR 16 AM 10: 40 SECRETARY OF STATE TALLAHASSEE, FLORIDA		A
Principal Place of Business 1111 DYER BLVD. KISSIMMEE FL 34741 US		Mailing Address 1111 DYER BLVD. KISSIMMEE FL 34741 US		i			
2. Principal Place of Business 3.		3. Mailing Address		;	 	II I	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003			
City & State		City & State		4. FEI Number 59-2155033	Applied Fo	_	
₹ip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Regist	tered Agent	
				Name			
COLE, LARRY L 1322 SWEETBRIAR ROAD ORLANDO FL 32806				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or registere	ed agent, or both, in the State of Florida.	I am familiar with, and acc	ept
SIGNATURE -	Signature, typed or printed name of registered agent a	nd title if applicable.				DATE	
9. Capital Contributions as Shown on record. \$1,560.00 10. Amount of Capital C in FLORIDA to date.				SEE REVERSE SIDE FOR FEE INFORMATION			TE
·	NOTE: General Partners MA	Y NOT be changed on t			ERED AND ACTIVE WITH THIS OF t must be filed to change a general		
12.	GENERAL PARTNER	INFORMATION	13.		ADDRESS CHANGE	ES ONLY	
DOCUMENT # NAME STREET ADDRESS	ROLLER RANCH, INC.		STRE	EET ADDRESS			CR2E003 (10/02)
CITY-\$T-ZIP	ORLANDO FL		CITY	-ST-ZIP	- 60001611 1	7596	
NAME			STRE	ET ADDRESS	V4/16/030105202	20 **141.25	
STREET ADDRESS CITY-ST-ZIP	1			ITY-ST-ZIP		<u> </u>	
DOCUMENT # NAME		-	STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT # NAME			STRE	ET ADDRESS		<u> </u>	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	١		
DOCUMENT # NAME		•	STRE	ET ADORESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZiP	<u> </u>		
DOCUMENT # NAME			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY	-ST-ZIP			
indicated	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute this	that my signature shall have:	the same	e legal effect as if m	ction 119.07(3)(i), Florida Statutes. I furth ade under oath; that I am a General Part	ner certify that the information ther of the limited partnershi	on ip or