

2001 UNIFORM BUSINESS REPORT (UBR)

0002894 AF

DOCUMENT # A10987
 1. Entity Name
GCB ASSOCIATES, LTD.

FILED
 01 MAY -1 PM 12:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **5760 S. SEMORAN BLVD. ORLANDO FL 32822**
 Mailing Address: **5760 S. SEMORAN BLVD. ORLANDO FL 32822**

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

4. FEI Number: **59-2161732** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
POPE, NICHOLAS A.
LOWNDES, DROSDICK, DOSTER, KANTOR & REED
215 N. EOLA DR.
ORLANDO FL 32801

7. Name and Address of New Registered Agent
 Name: **CHRIS LIEW**
 Street Address (P.O. Box Number is Not Acceptable):
(AT MAILING ADDRESS ABOVE)
 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: *[Signature]* Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)
 DATE: **4/25/01**

9. Capital Contributions as Shown on record: **\$9,959,250.00**
 10. Amount of Capital Contributions in FLORIDA to date.
 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 #	698570
NAME	SPARKNIGHT (US), INC.
STREET ADDRESS	215 N. EOLA DR
CITY-ST-ZIP	ORLANDO FL 32801
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	200004219662-4
CITY-ST-ZIP	-05/16/01--01045--021
CITY-ST-ZIP	****526.25 ****526.25
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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 DATE: **4/25/01** DAYTIME PHONE #: **407 380 5183**

CR2E003 (11/00)