

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2001 08:00 AM  
Secretary of State

DOCUMENT # A11452

1. Entity Name

TEXAS AVENUE DEVELOPMENT LIMITED

Principal Place of Business

5601 WINDOVER DRIVE

ORLANDO  
32819

FL

Mailing Address

5601 WINDOVER DRIVE

ORLANDO  
32819

FL

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

59-2180535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARDER MICHAEL  
100 WEST CYPRESS CREEK RD.  
SUITE 700  
FT. LAUDERDALE  
33309 US FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/29/2001

DATE

9. Capital Contributions  
as Shown on record. 0:00

10. Amount of Capital Contributions  
in FLORIDA to date. 0.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME CENTRAL FLA. INVEST. INC  
STREET ADDRESS 5601 WINDOVER DRIVE  
CITY-ST-ZIP ORLANDO FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: THOMAS F. DUGAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

T

04/29/2001

Date

Daytime Phone #

CR2E003 (11/00)