

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 31, 2000 08:00 AM  
Secretary of State**

**DOCUMENT # A12078**  
 1. Entity Name  
 COLONIAL INVESTORS, LTD.

Principal Place of Business 400 E. SOUTH ST. SUITE 500 ORLANDO 32801	FL	Mailing Address 400 E. SOUTH ST. SUITE 500 ORLANDO 32801	FL
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2. Principal Place of Business 450 S. ORANGE AVENUE	3. Mailing Address 450 S. ORANGE AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORLANDO FL	City & State ORLANDO FL
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Zip 32801	Country	Zip 32801	Country
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4. FEI Number <b>59-2195718</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

BOURNE ROBERT A  
 400 E. SOUTH ST.  
 SUITE 500  
 ORLANDO  
 32801 US

**7. Name and Address of New Registered Agent**

Name  
BOURNE ROBERT A

Street Address (P.O. Box Number is Not Acceptable)  
450 S. ORANGE AVENUE

City  
ORLANDO FL Zip Code  
32801

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 \_\_\_\_\_ DATE **01/31/2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 300,000.00

10. Amount of Capital Contributions in FLORIDA to date. 300,000.00

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BOURNE ROBERT A 400 E. SOUTH ST. #500 ORLANDO FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SENEFF JAMES MJR. 400 E. SOUTH ST. #500 ORLANDO FL
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	450 S. ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL 32801
STREET ADDRESS	450 S. ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL 32801
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: ROBERT A. BOURNE

CP 01/31/2000