


# LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 10 PM 2:29

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03/28/03--01051--009 \*\*526.25

<b>DOCUMENT # A13251</b> 1. Entity Name <b>436 COMMERCIAL OF ALTAMONTE, LTD.</b>	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>450 S. ORANGE AVENUE</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. BOX 4920</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>ORLANDO, FL</b>	City & State <b>ORLANDO, FL</b>	4. FEI Number <b>59-2232356</b>	Applied For Not Applicable
Zip <b>32801</b>	Country <b>USA</b>	Zip <b>32802</b>	Country <b>USA</b>

<b>DUE BY MAY 1</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

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IN THIS SPACE

<b>7. Name and Address of Current Registered Agent</b>	
Name <b>ROBERT A. BOURNE</b>	Street Address (P.O. Box Number is Not Acceptable) <b>450 S. ORANGE AVENUE</b>
City <b>ORLANDO</b>	State <b>FL</b> Zip Code <b>32801</b>

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$270,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$270,000.00</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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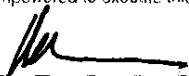
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION			
DOCUMENT #	SENEFF, JAMES M. JR.	STREET ADDRESS	
NAME	450 S. ORANGE AVENUE	CITY-ST-ZIP	
STREET ADDRESS	ORLANDO, FL 32801	CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #	BOURNE, ROBERT A.	STREET ADDRESS	
NAME	450 S. ORANGE AVENUE	CITY-ST-ZIP	
STREET ADDRESS	ORLANDO, FL 32801	CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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** 2/24/03 407-650-1068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/02)