2000 UNIFORM BUSINESS REPORT (UBR)

32801

32801

FL

DOCUMENT # A13298

FL

Country

HERONWOOD INVESTORS, LTD.

1. Entity Name

400 E. SOUTH ST. SUITE 500

ORLANDO

32801

Principal Place of Business

2. Principal Place of Business

450 S. ORANGE AVENUE

City & State

ORLANDO

Zip

BOURNE

SUITE 500

ORLANDO

SIGNATURE

12.

9. Capital Contributions

as Shown on record. 878,000,00

32801

400 E. SOUTH ST.

32801

Suite, Apt. #, etc.

FILED Feb 02, 2000 08:00 AM **Secretary of State** Mailing Address : 400 E. SOUTH ST. SUITE 500 ORLANDO FL 3. Mailing Address 450 S. ORANGE AVENUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For ORLANDO 59-2229293 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOURNE ROBERT Street Address (P.O. Box Number is Not Acceptable) 450 S. ORANGE AVENUE City Zip Code ORLANDO 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. 02/02/2000 Signature, typed or printed name of registered agent and title if applicable (NOTE_Registered Agent signature required when reinstating) 10. Amount of Capital Contributions 11: MAKE CHECK PAYABLE TO DEPT OF STATES in FLORIDA to date. 878,000,00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY STREET ADDRESS 450 S. ORANGE AVENUE CITY-ST-ZIP ORLANDO FT. 32801 32801 STREET ADORESS 450 S. ORANGE AVENUE CITY-ST-ZIP ORLANDO 32801 \mathbf{FL} STREET ADDRESS

DOCUMENT # VALAF SENEFF JAMES MJR. STREET ADDRESS 400 E. SOUTH ST. CITY-ST-ZIP ORLANDO \mathbf{FL} DOCUMENT # NAME BOURNE ROBERT STREET ADDRESS 400 E. SOUTH ST. CITY-ST-ZIP ORLANDO FL 32801 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS VAME STREET ADDRESS CITY-ST-ZIP 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

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