

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 05, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # A14844**

1. Entity Name  
**SUN VALLEY INVESTORS, LTD.**

Principal Place of Business 450 S. ORANGE AVENUE ORLANDO FL 32801	Mailing Address 450 S. ORANGE AVENUE ORLANDO FL 32801
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address POST OFFICE BOX 4920 Suite, Apt. #, etc. City & State
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4. FEI Number **59-2299469** Applied For  Not Applicable

Zip	Country	Zip	Country
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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**  
 450 S. ORANGE AVENUE  
 ORLANDO FL 32801 US

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

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 \_\_\_\_\_ DATE **03/05/2001**  
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. **1,200,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **400,000.00**

**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	<b>BOYD SCOTT T</b>
STREET ADDRESS	<b>5302 FAYWOOD COURT</b>
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>
DOCUMENT #	
NAME	<b>BOURNE ROBERT A</b>
STREET ADDRESS	<b>450 S. ORANGE AVENUE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>
DOCUMENT #	
NAME	<b>SENEFF JAMES MJR.</b>
STREET ADDRESS	<b>450 S. ORANGE AVENUE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>
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	
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** GP **03/05/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)