2001 UNIFORM BUSINESS REPORT (UBR)

000240 AF

DOCUMENT # A15534

1. Entity Name

FORSYTH CENTER I, LTD.

FILED
01 MAR -6 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7003 PRESIDENTS DR., STE. 800 ORLANDO FL 32809	7003 PRESIDENTS DR., STE. 800 ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
223 Altamonte Commerce Blvd	PO BOX 161546
Suite, Apt. #, etc. S-1320	Suite, Apt. #, etc.
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32714 Country: USA	Zip: 32716-1546 Country: U.S.A.

4. FEI Number 59-2784236 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNO, ANTHONY J.
7003 PRESIDENTS DR., STE. 800
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name: ANTHONY J. BRUNO
Street Address (P.O. Box Number is Not Acceptable): 223 Altamonte Commerce Blvd Suite 1320
City: Altamonte Springs FL Zip Code: 32714

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 X [signature] DATE 2/26/01

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: $112,500.00

10. Amount of Capital Contributions in FLORIDA to date:

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 / STREET ADDRESS / CITY-ST-ZIP	BRUNO, ANTHONY J. 505 MAITLAND AVE. ALTAMONTE SPRINGS FL	STREET ADDRESS / CITY-ST-ZIP	223 Altamonte Commerce Blvd. Suite 1320 Altamonte Springs, FL 32714
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	100003829271--9 -03/09/01--01135--017 ****535.00 ****535.00
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CR2E003 (11/00)

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: X SIGNATURE REQUIRED [signature] Date 2/26/01 Daytime Phone # (407) 491-4738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER