

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # A15585

1. Entity Name

CLONGWOOD COMMERCIAL INVESTORS, LTD.

02 MAY -1 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

450 S. Orange Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4920

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-2342797

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

Zip

32801

Country

USA

Zip

32802

Country

USA

7. Name and Address of Current Registered Agent

Name

Robert A. Bourne

Street Address (P.O. Box Number is Not Acceptable)

450 S. Orange Avenue

City

Orlando

FL

Zip Code

32801

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and date if applicable.

DATE

9. Capital Contributions

as Shown on record. **\$250,000.00**

10. Amount of Capital Contributions

in FLORIDA to date. **\$250,000.00**

**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	Robert A. Bourne 450 S. Orange Avenue Orlando, FL 32801-3336	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	James M. Seneff, Jr. 450 S. Orange Avenue Orlando, FL 32801	STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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,

4/29/02

407/650-1068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Telephone Prefix &

STAPLE CHECK HERE