2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A17446

1. Entity Name

THE ARBORS, LTD.

FILED
01 APR 26 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
200 E. ROBINSON STREET SUITE 865 ORLANDO FL 32801	200 E. ROBINSON STREET SUITE 865 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11 Maitland Grove Rd	11 Maitland Grove Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Maitland, FLA	City & State: Maitland, FLA
Zip: 32751 Country: USA	Zip: 32751 Country: USA

4. FEI Number 59-2372358 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARKS, ROBERT O. 200 E. ROBINSON ST. SUITE 865 ORLANDO FL 32801	Name: Louis E Feinberg Street Address (P.O. Box Number is Not Acceptable): 11 Maitland Grove Rd City: Maitland FL Zip Code: 32751

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: Louis E Feinberg 3/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$11,000.00		

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 #		STREET ADDRESS	
NAME	FEINBERG, LOUIS		
STREET ADDRESS	200 E NEW ENGLAND AV 4TH	CITY-ST-ZIP	
CITY-ST-ZIP	WINTER PARK FL 32789		
DOCUMENT #		STREET ADDRESS	500000421197 5--5 -05/11/01--01090--003
NAME	MARKS, ROBERT O.		
STREET ADDRESS	P.O. BOX 2254	CITY-ST-ZIP	****165.75 ****165.75
CITY-ST-ZIP	ORLANDO FL 32802		
DOCUMENT #		STREET ADDRESS	
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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

SIGNATURE: SIGNATURE REQUIRED — Louis E Feinberg 3/25/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone # 407 248 4505

CR2E003 (11/00)