

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 25, 2000 08:00 AM
Secretary of State

DOCUMENT # A17533
 1. Entity Name
 QUAILS BLUFF INVESTORS, LTD.

Principal Place of Business 400 E. SOUTH ST. SUITE 500 ORLANDO 32801	FL	Mailing Address 400 E. SOUTH ST. SUITE 500 ORLANDO 32801	FL
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2. Principal Place of Business 450 S. ORANGE AVENUE	3. Mailing Address 450 S. ORANGE AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORLANDO FL	City & State ORLANDO FL
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Zip 32801	Country	Zip 32801	Country
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4. FEI Number 59-2406067	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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
 400 E. SOUTH ST.
 SUITE 500
 ORLANDO FL
 32801 US

7. Name and Address of New Registered Agent

Name
BOURNE ROBERT A

Street Address (P.O. Box Number is Not Acceptable)
450 S. ORANGE AVENUE

City
ORLANDO FL Zip Code
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.

SIGNATURE _____ DATE **02/25/2000**
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. 800,000.00

10. Amount of Capital Contributions in FLORIDA to date. 800,000.00

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	BOYD SCOTT T 400 E. SOUTH ST., #500 ORLANDO FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BOURNE ROBERT A 400 E. SOUTH ST., #500 ORLANDO FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SENEFF JAMES MJR. 400 E. SOUTH ST., #500 ORLANDO FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	450 S. ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL 32801
STREET ADDRESS	450 S. ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL 32801
STREET ADDRESS	450 S. ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL 32801
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: JAMES M. SENEFF, JR.

CP 02/25/2000