2001	<b>UNIFORM</b>	<b>BUSINESS</b>	REPORT	/URR
	Oldi Oliilii	DOSINESS	NEFUNI	( OUII

DOCU	MENT # A1987								
1. Entity Name					ָ כ				
Principal Place of Business C/O GEORGE EIDSON. JR. 255 ORANGE AVE. SUITE 1000 ORLANDO FL 32801		Mailing Address  C/O GEORGE EIDSON. JR. 255 ORANGE AVE. SUITE 1000  ORLANDO FL 32801  FEB -5  SECRETARY TALLAHASSE		1 FEB -5 SECRETARY TALLAHASSE	AM 10: 51 OF STATE E. FLORIDA	1 81811 84811 81814 81811 4883			
Principal Place of Business     3. Mailing Address					818   820   810   810				
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.	-		DO NOT WRITE IN THIS SE	PACE			
City & State		City & State			4. FEI Number 59-2520479	Applied For Not Applicable			
Zìp	Country	Zip	Cour	itry		8.75 Additional ee Required			
	6. Name and Address of Current I	Registered Agent		Name	7. Name and Address of New Registered Ag	gent			
EDISON, GEORGE T. JR.				Street Address (P.O. Box Number is Not Acceptable)					
255 ORANGE AVE., SUITE 1000 ORLANDO FL 32801				<del></del>	<del> </del>				
				City	FL Zip Code				
8. The above	e named entity submits this statement for	the purpose of changing its re	egister	ed office or registere	ed agent, or both, in the State of Florida.				
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
9. Capital Co as Shown	ontributions on record. \$7,001,872.29	10. Amount of Capital in FLORIDA to date		butions	11. MAKE CHECK PAYABLE T SEE REVERSE SIDE FOR				
					ERED AND ACTIVE WITH THIS OFFICE. must be filed to change a general partr	ner.			
12.	GENERAL PARTNER		13.	<u> </u>	ADDRESS CHANGES ONLY				
NAME STREET ADDRESS	200 0: 01841GE /// LITOE, 0011E 1000		ľ	EET ADDRESS					
CITY-ST-ZIP DOCUMENT #	ORLANDO FL 32801		270						
NAME STREET ADDRESS CITY-ST-ZIP	BISHOP, WILLIAM D., SR. 18 FAIROAKS LANE IMAITLAND FL		ł	-ST-ZIP	7000036752	973			
DOCUMENT #	INCIDENTAL TE		STRE	ET ADDRESS	<del></del>	<del>154004    </del> ****526.25			
NAME STREET ADDRESS CITY-ST-ZIP		•	CITY	-ST-ZIP					
DOCUMENT #		<u> </u>	STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZiP					
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STREET ADDRESS CITY-ST-ZIP	/		CITY-	-ST-ZIP					
DOCUMENT # NAME			STRE	ET ADDRESS					
STREET ADORESS CITY-ST-ZIP		<u> </u>	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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DITO Daytime Phone #									