


LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A22591	
1. Entity Name CAPITAL GAINS GROUP, LTD.	

FILED
03 APR 30 PM 12:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 322 EAST CENTRAL BLVD		3. Mailing Address CAPITAL GAINS c/o O. MILLER	
Suite, Apt. #, etc. APT 1615		Suite, Apt. #, etc. P.O. BOX 560407	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32801	Country USA	Zip 32856-0407	Country USA

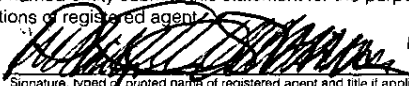

4/30

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DUE BY MAY 1

<p>DO NOT WRITE IN THIS SPACE</p>	7. Name and Address of Current Registered Agent	
	Name BROWN, LEWIS	
	Street Address (P.O. Box Number is Not Acceptable) 10 GILBRIDE HELLER + BROWN, PA	
	ONE BISCAYNE TOWER, 250 BISCAYNE BLVD.	
	City MIAMI	FL Zip Code 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  pom No change DATE 

9. Capital Contributions as Shown on record. **\$1,421,152.55** 10. Amount of Capital Contributions in FLORIDA to date. **\$1,421,467.92** 11. MAKE CHECK PAYABLE TO FL. 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 #	P95800065326	STREET ADDRESS	
NAME	CG ORLANDO CORP.	CITY-ST-ZIP	200017586202
STREET ADDRESS	322 EAST CENTRAL BLVD 1615		04/30/03--01078--002 **526.25
CITY-ST-ZIP	ORLANDO, FL 32801		
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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:  4/22/03 407-841-3882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
PHILIP ORME MILLER

Date Daytime Phone #

CR2E003B (12/02)

STAPLE CHECK HERE