

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 05, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # A24265**

1. Entity Name  
**MARBLE ARCADE PROPERTIES, LTD.**

Principal Place of Business 450 S. ORANGE AVENUE  ORLANDO FL 32801	Mailing Address 450 S. ORANGE AVENUE  ORLANDO FL 32801
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address POST OFFICE BOX 4920  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL	4. FEI Number <b>59-2739146</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 32802	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BOURNE ROBERT A**  
 450 S. ORANGE AVENUE  
  
 ORLANDO FL 32801 US

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 **02/05/2001**  
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. <b>725,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>725,000.00</b>	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	MARBLE ARCADE, INC.	STREET ADDRESS	
NAME	450 S. ORANGE AVENUE	CITY-ST-ZIP	
STREET ADDRESS	ORLANDO FL 32801		
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #	EXECUTIVE NATL.DEV.CORP.	CITY-ST-ZIP	
NAME	129 S. KENTUCKY AVE.,900	STREET ADDRESS	
STREET ADDRESS	LAKELAND FL	CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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: ROBERT A. BOURNE, PRESIDENT OF GP** P **02/05/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)