

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY -1 PM 4:21

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

MJM

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Peggy L. Abraham**

Street Address (P.O. Box Number is Not Acceptable)
240 Mohawk Road

City **Clermont**

FL

Zip Code
34711

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$265,000**

10. Amount of Capital Contributions
in FLORIDA to date. **\$265,000**

**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	Resort Parks, Inc 240 Mohawk Road Clermont, FL 34711	STREET ADDRESS CITY-ST-ZIP	600005577386-9 -05/21/02--01062--015 ****528.25 ****528.25
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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:



4/29/02

Daytime Phone #

CR2E003B (12/01)