UN	IFOR	M BUSINE	SS REPOR	prise of the con-	•				
DOCUMENT # A27645 1. Entity Name DART ROAD LIMITED PARTNERSHIP						FILED 103 APR 24 AM II: 3'I			
Principal Plac 1925 SOUTH F DRLANDO FL		S	Mailing Address 7925 SOUTH PARK PLACE ORLANDO FL 32819			⊣	CRETARY OF STATE LAHASSEE, FLORIC		
2. Principal P	Place of Busin	iess	3. Mailing Address						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
City & State			City & State		-	4. FEI Number	59-292 1876	Applied For Not Applical	
Zip Country		Zip			5. Certificate of Status Desired See Required Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
SPEARS, WENDELL E. 7925 SOUTH PARK PLACE					Name Street Address	et Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32819						•			
					City FL Zip Code				
the obligat	ions of regist	ered agent. or printed name of registered agent a	and title if applicable.				n the State of Florida. I am		
9. Capital Contributions as Shown on record. \$1,000.00 in FLORIDA to dat					SEE REVERSE SIDE FOR FEE INFORMATION			Έ	
		General Partners MA	Y NOT be changed on		i; an amendme		TIVE WITH THIS OFFICE o change a general par	tner.	
12. GENERAL PARTNER INFORMATION					· ·		ADDRESS CHANGES ON	<u>_Y</u>	
OOCUMENT / NAME STREET ADDRESS	SPEARS F	EALTY AND INVESTME PARK PLACE	ENT, INC.						
DOCUMENT #	P ORLANDO FL				'-ST-ZIP	300016958218			
NAME STREET ADDRESS	-			1	EET ADDRESS	U4/24/U 	301049010 	***191.25	
CITY-ST-ZIP			NA V		/-ST-ZIP			·	\dashv
LAME STREET ADDRESS					EET ADDRESS '-ST-ZIP				
CITY-ST-ZIP DOCUMENT #					EET ADDRESS				\dashv
TREET ADDRESS					2-ST-ZIP				\dashv
CITY-ST-ZIP	<u> </u>			STR	EET ADDRESS				
HAME STREET ADDRESS STY-ST-ZIP				СІТҮ	'-ST-ZIP			<u> </u>	
OCUMENT #			-	STRI	EET ADDRESS				
TREET 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

Wendell F. Speals

SIGNATURE:

Daytime Phone #