2001 UNIFORM BUSINESS REPORT (UBR)

0001841 AF

DOCUMENT # A28928

1. Entity Name

220 NORTH ORLANDO, LTD.

FILED

01 APR 10 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O RICHARD M. ROBINSON 201 E. PINE ST., SUITE 1200 ORLANDO FL 32801	C/O RICHARD M. ROBINSON 201 E. PINE ST., SUITE 1200 ORLANDO FL 32801

2. Principal Place of Business		3. Mailing Address	
c/o Richard M. Robinson		c/o Richard M. Robinson	
Suite, Apt. #, etc. 301 E. Pine St. Ste. 1400		Suite, Apt. #, etc. P.O. Box 3068	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32801	Country USA	Zip 32802-3068	Country USA

4. FEI Number 59-2984402 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBINSON, RICHARD M. 201 EAST PINE STREET SUITE 1200 ORLANDO FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) 301 East Pine Street Suite 1400 City Orlando FL Zip Code 32801

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $200.00	10. Amount of Capital Contributions in FLORIDA to date.	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L13161	STREET ADDRESS	
NAME	220 NORTH ORLANDO, INC.		
STREET ADDRESS	1065 WEST MORSE BLVD.	CITY-ST-ZIP	
CITY-ST-ZIP	WINTER PARK FL		
DOCUMENT #		STREET ADDRESS	400004014584--5
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CITY-ST-ZIP			

CR2E003 (11/00)

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] 1/12/01 407 644 1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Irving S. Kolin, President | Date | Daytime Phone #