2002 UNIFORM BUSINESS REPORT (UBR)

000528 AV

DOCUMENT # A28928

1. Entity Name

220 NORTH ORLANDO, LTD.

FILED

02 MAR 25 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

Principal Place of Business	Mailing Address
C/O RICHARD M. ROBINSON 301 E. PINE ST., SUITE 1400 ORLANDO FL 32801	C/O RICHARD M. ROBINSON P.O. BOX 3068 ORLANDO FL 32802-3068

2. Principal Place of Business	3. Mailing Address
1065 W. Morse Blvd	1065 W. Morse Blvd
Suite, Apt. #, etc. Suite 202	Suite, Apt. #, etc. Suite 202
City & State Winter Park, FL	City & State Winter Park, FL
Zip 32789 / Country USA	Zip 32789 / Country USA

DUE BY MAY 1, 2002

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. 301 EAST PINE STREET SUITE 1400 ORLANDO FL 32801	Name Irving S. Kolin Street Address (P.O. Box Number is Not Acceptable) 1065 W. Morse Blvd Suite 202 City Winter Park FL Zip Code 32789

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] Irving S. Kolin, Pres. 03/19/02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	$200.00	10. Amount of Capital Contributions in FLORIDA to date.		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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	L13161 220 NORTH ORLANDO, INC. 1065 WEST MORSE BLVD. WINTER PARK FL	STREET ADDRESS / CITY-ST-ZIP	600005180676--2 -04/01/02--01088--007 ****141.25 ****141.25
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CR2E003 (9/01)

STAPLE CHECK HERE

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: 220 NORTH ORLANDO, INC. BY: [signature] 03/19/02 407 644 1/2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #