

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A29109**

1. Entity Name  
**ORLANDO-528 INVESTORS, LIMITED PARTNERSHIP**



**FILED**

03 AUG 11 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**1401 BROAD STREET  
CLIFTON NJ 07013**

Mailing Address  
**1401 BROAD STREET  
CLIFTON NJ 07013**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY SEPTEMBER 24, 2003**

4. FEI Number **22-3030706**

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

**CAHAN, RICHARD J ALAN  
SOUTHEAST FINANCIAL CENTER  
STE. 3650  
MIAMI FL 33131-2394**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. **\$125,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 # **F93000001887**  
NAME **ARC-ORLANDO/GP, INC.**  
STREET ADDRESS **1401 BROAD STREET**  
CITY-ST-ZIP **CLIFTON NJ 07013**

STREET ADDRESS

CITY-ST-ZIP

**400021567984**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**07/15/03--01052--003 \*\*526.25**

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**08/11/03--01036--004 \*\*400.00**

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STREET 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

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**7/3/03**  
Date

**973-249-1000**  
Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE