## 2002 UNIFORM BUSINESS REPORT (UBR)

## A31952 DOCUMENT # 02 FEB 15 PM 2: 42 1. Entity Name -SECRETARY OF STATE. WINTER COUNTRY GARDEN ASSOCIATES, L.P., LTD. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1551 SANDSPUR ROAD % BROAD AND CASSEL MAITLAND FL 32751 P.O. BOX 4961 ORLANDO FL 32802-4961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State Applied For 4. FEI Number 59-3163985 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name B & C CORPORATE SERVICES OF CENTRAL FLINC Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$3,523,449.43 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY A92000000009 DOCUMENT # STREET ADDRESS CED CAPITAL HOLDINGS I, LTD. NAME 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS ВK CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **DOCUMENT #** STREET ADDRESS NAME <del>60000496063</del>6 STREET ADDRESS -02/20/02--01048--002 CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*526.25 \*\*\*\*526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DGCUMENT # STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE: SIGNATURE REQUIRED

NAME STREET ADDRESS

GITY-ST-7IP

Date Dilytime Phone

FILED