2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32008

1. Entity Name

ORLANDO GATEWAY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -8 AM 11:51

Principal Place of Business	Mailing Address
505 MAITLAND AVE STE 200 ALTAMONTE SPRINGS FL 32701	P.O. BOX 947510 MAITLAND FL 32794-7510

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7003 Presidents Dr		7003 Presidents Dr.	
Suite, Apt. #, etc. 800		Suite, Apt. #, etc. 800	
City & State Orlando FL		City & State Orlando FL	
Zip 32809	Country US	Zip 32809	Country US

4. FEI Number 59-3078581 ☐ 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
~~BRUNO, ANTHONY J.~~ 505 MAITLAND AVE STE 200 ALTAMONTE SPRINGS FL 32701	Name Street Address (P.O. Box Number is Not Acceptable) 7003 Presidents Dr. Suite 800 City Orlando FL Zip Code 32809

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

9. Capital Contributions as Shown on record. $650,000.00	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 #	~~357055~~	STREET ADDRESS	
NAME	~~ENSIGN PROPRTY GROUP,INC~~		
STREET ADDRESS	~~505 MAITLAND AVE STE 200~~	CITY-ST-ZIP	500003260085--5
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL~~		~~05/22/00--01004--008~~
DOCUMENT #	F59924	STREET ADDRESS	****535.00 ****535.00
NAME	THE ENSIGN COMPANY		
STREET ADDRESS	223 Altamonte Commerce Blvd., #1320	CITY-ST-ZIP	
CITY-ST-ZIP	Altamonte Springs, FL 32714		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	BJK
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	5/8
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

CR2E003 (9/99)

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~~ 05/04/00 (407) 251-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #