2003 LIMITED PARTNERSHIP JNIFORM BUSINESS REPORT (UBR

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DOCUMENT # A32008 1. Entity Name ORLANDO GATEWAY LIMITED PARTNERSHIP						FILED STATE SECRETARY OF STATE ISION OF CORPORATIONS	1/7	4
					TEST O	3 FEB 28 PM 4: 59		
Principal Place of Business 223 ALTAMONTE COMMERCE BLVD. SUITE 1320 ALTAMONTE SPRINGS FL 32714 Mailing Address PO BOX 161546 ALTAMONTE SPRINGS FL 32716					Y			(6) (0) (1) (1) (1) (1) (1) (1) (1)
2. Principal P	lace of Business	3. Mailing Add	fress					/BUT B1011 81011 01011 B1A11 1604
Orland Suite, Apt.	Aed Partnerskip Suite, Apt. #	t, etc.						
125 RAIntree DRIVE				DUE BY MAY 1, 2003 4. FEI Number EQ-2070EQ 1 Applied F			Applied For	
City & State City & State City & State				Not Applicable				
Zip Bar	779 Country	Zip	Co	untry		5. Certificate of Status Desired	×	\$8.75 Additional Fee Required
	6. Name and Address o	f Current Registered Agen	t			7. Name and Address of New Re	egistered /	Agent
BRIZIO, A 223 ALTAI SUITE 132	D.		Name Street A	BRUND ANTHONY J. t Address (P.O. Box Number is Not Acceptable) 125 RAINTRE DRIVE				
ALTAMON			City		Mamood	FL	Zip Code	
	named entity submits this stions of registered agent.	atement for the purpose of c	hanging its regist	ered office or		ed agent, or both, in the State of Flor	rida. Lami	familiar with, and accept
SIGNATURE -	Signature, typed or printed name of reg	istered agent and title if applicable.			.	<u> </u>	DATE	ပည
9. Capital Co as Shown			unt of Capital Con ORIDA to date:	tributions				TO FL. DEPT. OF STATE R-PEE-INFORMATION
	A GENERAL PA NOTE: General Par	RTNER THAT IS A BUSI tners MAY NOT be char	INESS ENTITY nged on the for	MUST BE I rm; an ame	REGIST ndment	ERED AND ACTIVE WITH THIS must be filed to change a ge	S OFFICE neral par	É. rtner.
12.	GENERAL	. PARTNER INFORMATION	1	3.		ADDRESS CHA	NGES ON	LY
DOCUMENT # NAME STREET ADDRESS	F59924 THE ENSIGN COMPANY 223 ALTAMONTE COMMERCE BLVD SUITE 1320			STREET ADDRESS 18				
CITY-ST-ZIP	ALTAMONTE SPRINGS		C	CITY-ST-ZIP	صا	ngwood, FLOA	(1dA	32779
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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 820. Florida Statutes

SIGNATURE:

SIGNATURED SIGNATURED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR TYPED O

Date 03 (407) 341-1123