2000 UNIFORM BUSINESS REPORT (UBR) A33254 DOCUMENT # FILED 1. Entity Name ORANGE OAKRIDGE PARK ASSOCIATES, L.P., LTD. 00 MAR 10 PM 2:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address % BROAD AND CASSEL 1551 SANDSPUR ROAD P.O. BOX 4961 MAITLAND FL 32751 ORLANDO FL 32802-4961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3122910 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE **SUITE 1100** ORLANDO FL 32801 Zin Code City 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 (NOTE: Registered Agent signature required when reinstating) 10. Amount of Capital Contributions in FLORIDA to date. \$4,420,524.89 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$4,470,864.89 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record 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 ADDRESS CHANGES ONLY 12. 13. A93000000236 DOCUMENT # STREET ADDRESS CED CAPITAL HOLDINGS II, LTD. NAME 1551 SANDSPUR ROAD STREET ADDRESS 200003168312--9 CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP .03/14/00---01029---002 DOCUMENT# ****526.25 ****526.25 STREET ADDRESS NAME STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZN-STREET ADDRESS 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 equired by Chapter 620, Florida Statutes

SIGNATURE:

CR2E003 (9/99)