

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33495**

1. Entity Name

ORLANDO WATAUGA WOODS ASSOCIATES, L.P., LTD.

FILED

01 FEB -9 PM 4:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1551 SANDSPUR ROAD MAITLAND FL 32751	Mailing Address % BROAD AND CASSEL P.O. BOX 4961 ORLANDO FL 32802-4961
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3122906	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**B & C CORPORATE SERVICES OF CENTRAL
FLORIDA, INC.
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$4,389,950.61	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # A93000000236	NAME CED CAPITAL HOLDINGS II, LTD.	STREET ADDRESS	
STREET ADDRESS 1551 SANDSPUR ROAD		CITY-ST-ZIP	
CITY-ST-ZIP MAITLAND FL 32751			
DOCUMENT #	NAME	STREET ADDRESS	
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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: *BY: CED CONSTRUCTION, INC., managing general partner*
SIGNATURE REQUIRED
MICHAEL J. SCARFINO, PRES.
Date **2/6/01** Daytime Phone # **407/741-8500**

1912000

CR2E003 (11/00)