2000 UNIFORM BUSINESS REPORT (UBR)								ILED	
DOCUMENT # A9200000266								, 2000 8:00 am ary of State	
1320 AS	SOCIATES	, LTD.						ary or State	
Principal Place of Business Mailing Address									
P.O. BOX 574738 P.O. BOX 574738 ORLANDO FL 34787 ORLANDO FL 32857-4738					}				
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2. Principal Place of Business 3. Mailing Address						<u> </u>			
250 Park Ave. Suite, Apt. #, etc.				P.O. Box 3010 Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SPACE	
Suite 630 City & State				City & State			4. FEI Number	Applied For	
Winter	Winter Park, FL		Wi	Winter Park, FL			59-3157325 Not Applicable 5 Contificate of Status Desired \$8.75 Additional		
Zip 32 <u>7</u> 89 *		Country Orange		2790		ange	5. Certificate of Status Desired	Fee Required	
6. Name and Address of Current Registered Agent						Name	7. Name and Address of New R	egistered Agent	
BATTAGLIA, R E 1300 N. SERMON BLVD.							ss (P.O. Box Number is Not Acceptable ark Ave., Suite 630)	
SUITE 100 ORLANDO FL 32807						City	ter Park	FL 32789 _/	
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 .		Battages or printed name Gregistered age	nt and title if ap	R.E. Batt			gulred when reinstating)		
9. Capital Contributions as Shown on record. \$1,053,000.00 10. Amount of Capital Co in FLORIDA to date.							11. MAKE CHEC	K PAYABLE TO DEPT. OF STATE SE 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# Name	NT# 336201 BATTAGLIA FRUIT CO., INC.					EET ADDRESS	250 Park Ave., Suite	630	
STREET ADDRESS CITY - ST - ZIP	1300 N S	EMORAN BLVD) FL 32807				/-ST-21P	Vinter Park, FL _327	89 [°]	
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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 620, Florida Statutes									
SIGNATURE: RECENTERED 4/28/2000 407-622-1700									
		SIGNATURE AND TYPED	OR PRINTED N	AME OF SIGNING GENER	AL PARTN	ER	Date	Daytime Phone #	