

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000395**

1. Entity Name
ORLANDO OUTLET WORLD, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR -3 PM 6:04

Principal Place of Business % LOTHAR ESTEIN 5211 INTERNATIONAL DR ORLANDO FL 32819	Mailing Address % LOTHAR ESTEIN 5211 INTERNATIONAL DR ORLANDO FL 32819-9452
----------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------



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 **74-2651869** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VEGOSEN, DEAN
500 S. AUSTRALIAN AVENUE, 10TH FLOOR
WEST PALM BEACH FL 33401

Name **Lothar Estein**
Street Address (P.O. Box Number is Not Acceptable)
5211 International Drive
City **Orlando** FL Zip Code **32819**

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 **Lothar Estein, President of General Partner** DATE **3-30-00**
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. **\$32,000,000.00** 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 #	L92000000033
NAME	WELP ORLANDO OUTLET, L.C.
STREET ADDRESS	500 S. AUSTRALIAN AVENUE
CITY - ST - ZIP	WEST PALM BEACH FL 33401
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

STREET ADDRESS	000003213260--7
CITY - ST - ZIP	-04/18/00--01104--015
	***535.00 ***535.00
STREET ADDRESS	BK
CITY - ST - ZIP	4/0
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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 required by Chapter 620, Florida Statutes

SIGNATURE: **Lothar Estein** DATE **3-30-00** Daytime Phone # **407-354-3307**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)