

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000846 AV

DOCUMENT # A93000000395



1. Entity Name
ORLANDO OUTLET WORLD, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

4/8/03

03 APR -2 PM 12:16



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

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

DUE BY MAY 1, 2003

4. FEI Number 74-2651869	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

ESTEIN, LOTHAR
5211 INTERNATIONAL DRIVE
ORLANDO FL 32819

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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 FL. 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	
DOCUMENT #	L92000000033
NAME	WELP ORLANDO OUTLET, L.C.
STREET ADDRESS	5211 INTERNATIONAL DRIVE
CITY-ST-ZIP	ORLANDO FL 32819
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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	000015178870
STREET ADDRESS	04/02/03--01059--011 **535.00
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: ~~SCOTT ESTEIN~~ **LOTHAR ESTEIN** 03/28/03 407 354 3307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)