

2002 UNIFORM BUSINESS REPORT (UBR)

0008253 AT

DOCUMENT # A93000000623
1. Entity Name
 GERAMI FAMILY, LTD.

FILED
 02 APR 25 PM 3:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LF

Principal Place of Business 2320 NORTH ORANGE AVENUE, SUITE 201 ORLANDO FL 32804
Mailing Address 2320 NORTH ORANGE AVENUE, SUITE 201 ORLANDO FL 32804



2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.
City & State
Zip **Country**

DUE BY MAY 1, 2002
4. FEI Number 59-3189833
 Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 GERAMI, SOHRAB
 2320 NORTH ORANGE AVENUE, SUITE 201
 ORLANDO FL 32804

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

9. Capital Contributions as Shown on record. \$5,750,000.00
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	
DOCUMENT #	GERAMI, SOHRAB
NAME	2320 NORTH ORANGE AVENUE, SUITE 201
STREET ADDRESS	ORLANDO FL 32804
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	700005419887--7
CITY-ST-ZIP	-05702702--01021--011 ***526.25 ***526.25
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/22/02 407-896-7111
 Date Daytime Phone #

CR2E003 (9/01)