

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED


03 JAN 21 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0008375 AT

**DOCUMENT #** **A93000000623**

**1. Entity Name**  
**GERAMI FAMILY, LTD.**



**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, 2003**

**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. 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.**      **\$5,750,000.00**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	GERAMI, SOHRAB 2320 NORTH ORANGE AVENUE, SUITE 201 ORLANDO FL 32804
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	700010387887 01/21/03--01059--004 **526.25
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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date: **1/17/03**      Daytime Phone #: **407-896-7111**

CR2E003 (10/02)