

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
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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

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

CR2E003 (10/02)