

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000257

1. Entity Name
LOIS LANE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -4 PM 1:33

Principal Place of Business
521 W. STATE ROAD 434
SUITE 200
LONGWOOD FL 32750

Mailing Address
521 W. STATE ROAD 434
SUITE 200
LONGWOOD FL 32750-5165



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3249681		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
NEWMAN, WILLIE B 521 W. STATE ROAD 434 SUITE 200 LONGWOOD FL 32750				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 _____		(NOTE: Registered Agent signature required when reinstating)		DATE _____	
9. Capital Contributions as Shown on record. \$5,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 103,201		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 #	NAME	STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP	500003290645-8	
	NEWMAN, WILLIE B	521 W. STATE ROAD 434, SUITE 200	LONGWOOD FL 32750			-06/15/00--01040--023	
						****526.25 ****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: _____	4/28/00 407.830.4966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #

CR2500: (\$9.00)