

2001 UNIFORM BUSINESS REPORT (UBR)

0002362 AF

DOCUMENT # A94000000649 1. Entity Name ALAN BRUCE INVESTMENTS PARTNERSHIP, LTD.						<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.5em; font-weight: bold;">01 MAY 18 AM 11:28</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 2301 SILVER STAR ROAD ORLANDO FL 32804			Mailing Address 2301 SILVER STAR ROAD ORLANDO FL 32804				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent WILLIAMS, BRUCE E 2301 SILVER STAR ROAD 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
9. Capital Contributions as Shown on record.		\$1,985,000.00		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				13. ADDRESS CHANGES ONLY			
DOCUMENT #	P94000026820			STREET ADDRESS	8000004420958--5		
NAME	ALAN BRUCE INVESTMENTS COMPANY			CITY-ST-ZIP			
STREET ADDRESS	2301 SILVER STAR ROAD				****437.50 ****437.50		
CITY-ST-ZIP	ORLANDO FL 32804						
DOCUMENT #				STREET ADDRESS	8000004420958--5		
NAME				CITY-ST-ZIP			
STREET ADDRESS					*****88.75 *****88.75		
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NAME				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 REQUIRED Bruce E. Williams, P. 4/3/01 407-295-2630 <small>Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #</small>			

CR2E003 (11/00)