## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A94000000649 **DOCUMENT #** 

1. Entity Name

ALAN BRUCE INVESTMENTS PARTNERSHIP, LTD.



| ·  |                                 |  |                       | Contract of the second  | TATEATTE STATES  |   |
|--|---------------------------------|--|-----------------------|---|--|---|
| Principal Place of<br>2301 SILVER STAI<br>ORLANDO FL 328       | r <del>r</del> oad              | Mailing Address<br>2301 SILVER STAR ROAD<br>ORLANDO FL 32804 | 2301 SILVER STAR ROAD |   |  |   |
| 2. Principal Place of Business                                 |                                 | 3. Mailing Address   |                       |   | T 1001011 1010 10111 BIOLI |   |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.  |                       | DUE BY MAY 1, 2003  |  |   |
| City & State   |                                 | City & State   |                       | ·   | 4. FEI Number 59-3241826   | Applied For<br>Not Applicable           |
| Zip  | Country                         | Zip  | Coun                  | ntry  | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required       |
| 6. Name and Address of Current Registered Agent                |                                 |  |                       | 7. Name and Address of New Registered Agent   |  |   |
| WILLIAMS, BRUCE E<br>2301 SILVER STAR ROAD<br>ORLANDO FL 32804 |                                 |  |                       | Name DEAN MEAD SERVICES, LLC  Street Address (P.O. Box Number is Not Acceptable) 800 N. MAGNOLIA AVE.  SUITE 1500  City ORLANDO  FL  Zip Code 32803 |  |   |
| 8. The above na  | imed entity submits this stater | ment for the purpose of changing its<br>. MEAD. EGERTON. BL  | register.             |   |  | amiliar with, and accept<br>Sole Member |

Albert D. Capouano,

Signature, typed or printe 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 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  |  | 13.            | ADDRESS CHANGES ONLY                  |  |  |  |  |
| DOCUMENT #<br>NAME   | P94000026820<br>ALAN BRUCE INVESTMENTS COMPANY | STREET ADDRESS | 200016976382                          |  |  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 2301 SILVER STAR ROAD<br>ORLANDO FL 32804      | CITY-ST-ZIP    | 04/24/0301079014 **526.25             |  |  |  |  |
| DOCUMENT #<br>NAME   |  | STREET ADDRESS |                                       |  |  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  | CITY-ST-ZIP    |                                       |  |  |  |  |
| DOCŪMENT ≠<br>NAME   |  | STREET ADDRESS | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | M.K.   | CITY-ST-ZIP    |                                       |  |  |  |  |
| DOCUMENT #<br>NAME   |  | STREET ADDRESS |                                       |  |  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | <u>'</u>                                       | CITY-ST-ZIP    |                                       |  |  |  |  |
| DOCUMENT #<br>NAME   | ,  | STREET ADDRESS |                                       |  |  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  | CITY-ST-ZIP    |                                       |  |  |  |  |
| DOCUMENT #<br>NAME   |  | STREET ADDRESS |                                       |  |  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  | CITY-ST-ZIP    |                                       |  |  |  |  |

14. I hereby certify that the information supplied with this filling 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 BY: