

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # A94000001160**1. Entity Name  
**GODLESKI FAMILY, LTD.**

Principal Place of Business	Mailing Address
5638 BAYSIDE DR.	5638 BAYSIDE DR.
ORLANDO FL 32819	ORLANDO FL 32819

2. Principal Place of Business	3. Mailing Address
9728 WYLAND COURT	9728 WYLAND COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
WINDERMERE FL	WINDERMERE FL	<b>59-3266916</b>	Not Applicable
Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
34786 US	34786 US	<input checked="" type="checkbox"/> <input type="checkbox"/>	

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****GODLESKI PETER J**  
**5638 BAYSIDE DR.**  
  
**ORLANDO FL 32819 US****Name**  
**GODLESKI PETER J**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**9728 WYLAND COURT**  
  
**City**  
**WINDERMERE FL 34786**

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 **PETER J. GODLESKI, M.D.****04/25/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record. **535,265.52**10. Amount of Capital Contributions  
in FLORIDA to date. **535,265.52****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 #	<b>GODLESKI PETER J</b> <b>5638 BAYSIDE DR.</b> <b>ORLANDO FL 32819</b>	STREET ADDRESS	<b>9728 WYLAND COURT</b>
NAME		CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: PETER J. GODLESKI, M.D.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**P 04/25/2001**

Date

Daytime Phone #

CR2E003 (11/00)