

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001442

1. Entity Name
2000 ORANGE AVE., LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05

Principal Place of Business
4300 CATALFUMO WAY
PALM BEACH GARDENS FL 33410

Mailing Address
4300 CATALFUMO WAY
PALM BEACH GARDENS FL 33410-4248



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3364491		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$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							
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301				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.	\$1,500,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	P95000071905 ORANGE ONE, INC. 4300 CATALFUMO WAY PALM BEACH GARDENS FL 33410	STREET ADDRESS CITY - ST - ZIP	000003249860--2 -05/12/00--01013--033
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	A93000000915 ORLANDO SURGERY CENTER REAL EST. PSHP.,LTD 1340 PALMETTO AVENUE WINTER PARK FL 32789	STREET ADDRESS CITY - ST - ZIP	*****526.25 *****526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	000003249860--2 -05/12/00--01013--034
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	*****8.75 *****8.75
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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] **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Daniel S. Catalfumo
 Date: 4/18/00 Daytime Phone #: 561-694-3000