

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR -1 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000001575

1. Entity Name.

OHCG PARTNERS, LTD.

Principal Place of Business
2301 LUCIEN WAY, SUITE 230
MAITLAND FL 32751

Mailing Address
2301 LUCIEN WAY, SUITE 230
MAITLAND FL 32751-7032

2. Principal Place of Business
55 Skyline Drive

3. Mailing Address
55 Skyline Drive

Suite, Apt. #, etc.
Suite 2900

Suite, Apt. #, etc.
Suite 2900

City & State
Lake Mary, FL

City & State
Lake Mary, FL

4. FEI Number 59-3371273

Applied For
Not Applicable

Zip
32746

Country
USA

Zip
32746

Country
USA

5. Certificate of Status Desired XXXX \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BOYLES, WILLIAM A
201 EAST PINE STREET
SUITE 1200
ORLANDO FL 32801

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

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. \$10,540.00

10. Amount of Capital Contributions
in FLORIDA to date. \$11,861.00

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

DOCUMENT # P95000071293
NAME OHCG PARTNERS, INC.
STREET ADDRESS 2301 LUCIEN WAY, SUITE 230
CITY - ST - ZIP MAITLAND FL 32751

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 55 Skyline Drive, Suite 2900
CITY - ST - ZIP Lake Mary, FL 32746

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/20/2000

Date

407-804-5380

Daytime Phone #

CR25003 (04/00)