


2001 UNIFORM BUSINESS REPORT (UBR)

0012417 AF

DOCUMENT # A96000000533			
1. Entity Name ORMOND LAKES, LTD.			
Principal Place of Business 860 HULL RD. ORMOND BEACH FL 32174		Mailing Address P.O. BOX 214578 SOUTH DAYTONA FL 32121-4578	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TUMBLESON, J. DOYLE 150 SOUTH PALMETTO AVE. SUITE A DAYTONA BEACH FL 32114		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
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)</small>			
9. Capital Contributions as Shown on record. \$3,870,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$3,870,000.00	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000069522	STREET ADDRESS	
NAME	ORMOND LAKES, INC.	CITY-ST-ZIP	
STREET ADDRESS	150 S. PALMETTO AVE., STE. A		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		
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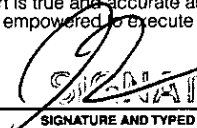
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)

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:  **JAMES FRONNIE BLEDSOE** **03-06-01** **904-761-6111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #