

2002 UNIFORM BUSINESS REPORT (UBR)

0016776 AT

DOCUMENT # **A96000001356**

1. Entity Name
ORLANDO CENTRAL NUMBER ONE LIMITED PARTNERSHIP

FILED

02 JAN 23 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**550 GILLS DRIVE
ORLANDO FL 32824**

Mailing Address
**C/O CORPORATE SECRETARY
P.O. BOX 75020
CINCINNATI OH 45275-0020**



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3395501	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	\$0.00	10. Amount of Capital Contributions in FLORIDA to date.	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 #	P96000060553	STREET ADDRESS	
NAME	CORPOREX OCP CORPORATION	CITY-ST-ZIP	800004833038--7
STREET ADDRESS	100 EAST RIVERCENTER BLVD., SUITE 1100		-01/29/02--01022--004
CITY-ST-ZIP	COVINGTON KY 41011		****141.25 ****141.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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: *Elva Malott* **Elva Malott, Asst Secretary of**
CORPOREX OCP Corporation 1/09/2002 859-292-5507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)