

2001 UNIFORM BUSINESS REPORT (UBR)

0002280 AF

DOCUMENT # A96000001570

1. Entity Name
SANFORD COMMERCE CENTER, LTD.

FILED
01 FEB 14 AM 10:39

Principal Place of Business
**912 N. HIGHLAND AVENUE
ORLANDO FL 32803**

Mailing Address
**912 N. HIGHLAND AVENUE
ORLANDO FL 32803**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-3397867**

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENT. FLA., INC.
390 N. ORANGE AVENUE, SUITE 1100
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$50.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000070127 SANFORD COMMERCE CENTER, INC. 1230 HILLCREST STREET, SUITE 102 ORLANDO FL 32803
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	700003744747--4 -02/21/01--01023--009 ***141.25 ***141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: AWayne R. ... b.p.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 02-07-01 Daytime Phone #: 407-649-4208

CR2E003 (11/00)