## **2000 UNIFORM BUSINESS REPORT (UBR)**

					<u> </u>	-	J	
DOCUMENT # A9600001910  1. Entity Name						FILE SECRETARY I DIVISION OF COI	D OF STATE	
SOUTHERN LAND INVESTORS, LTD.								
Principal Place of Business Mailing Address  600 EAST COLONIAL DRIVE. SUITE 100  ORLANDO FL 32803  ORLANDO FL 32803  Mailing Address  600 EAST COLONIAL DRIVE  ORLANDO FL 32803				E. SUITE 100		00 AUG 17 -	- P	
Principal Place of Business								
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE		
City & State			City & State			4. FEI Number 59-3407568	Applied For Not Applicable	
Zip Country			Zip Country		try	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent Name		
WILLARD, JAMES G 20 NORTH ORANGE AVE., SUITE 1000					Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32801								
·					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)								
9. Capital Contributions as Shown on record. \$3,250,000.00 10. Amount of Capital C in FLORIDA to date.					ibutions  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 #	B98000000558 ORLANDO SOUTHWEST INVESTORS, L.P. 390 NORTH ORANGE AVENUE, SUITE 1875 ORLANDO FL 32801			STRE	EET ADDRESS	•		
NAME STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	6000033705066 -08/24/0001002006		
DOCUMENT # NAME	P98000004654 JSS OF ORLANDO, INC.			STRE	ET ADDRESS	****935.0		
STREET ADDRESS CITY-ST-ZIP	600 EAST COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803			CITY	-ST-ZIP			
DOCUMENT # TO NAME					ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	s				-ST-ZIP			
OOCUMENT # NAME				STRE	ET ADDRESS			
STREET ADDRESS : CITY-ST-ZIP	5				-ST-ZIP			
DOCUMENT #				STRE	ET ADDRESS			
STREET ADDRESS				CITY	-ST-ZiP			
DOCUMENT # NAME				STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	ST-ZIP				-ST-ZIP			
14. I hereby of indicated the receiv	ertify that the inform on this report is tru- er or trustee empor	nation supplied with the and accurate and the wered to accurate and the wered to accurate this r	nis filing does not qualify for that my signature shall have the poor as required by Chapte	he exe e same r 620, f	mption stated in Sec e legal effect as if m. Florida Statutes	ction 119.07(3)(i), Florida Statutes. I further co ade under oath; that I am a General Partner o	ertify that the information of the limited partnership or	

MONAYUKE HEWUIMED

CR2E003 (5/00)

Date Daytime Phone #

(407) 423-7600

7-26-00