2005 LIMITED PARTNERSHIP ANNUAL REPORT

FILED

		May 1, 2005		May 06, 2005 08:0	
1. Entity Nam	DOCUMENT # A9600002327 1. Entity Name MIG/ORLANDO DEVELOPMENT, LTD.			Secretary of State	
5025 SWETL	e of Business AND COURT DRIVE 4EIGHTS, OH 44143	Mailing Address 5025 SWETLAND COUR RICHMOND HEIGHTS, O		<u>-</u>	
<u> </u>		INGENIUME TICIOTES, O		A TORROR COM TOUR TOUR DESIGNATION OF THE COMMERCIAL PROPERTY OF THE COMMER	
2. Principal P Suite, Apt	Place of Business	3. Mailing Address Suite, Apt. #, etc.	<u> </u>		
City & Stat		City & State		04152005 Chg-LP CR2E003 (10/03) 4. FEI Number Applied Fo	
Zip	Country	Zio	Country	65-0714505 Not Applic	
	6. Name and Address of Current			5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent	
SUITE 230	O. H ORANGE AVENUE DO, SUNTRUST CENTER D, FL 32801-3432		Name Street Address City	s (P.O. Box Number is Not Acceptable)	
8. The above	named entity submits this statement for	the purpose of changing its)	FL Zip Code tered agent, or both, in the State of Florida. I am familiar with, and acc	
the obligat	lons of registered agent.	· —	·		
9. Capital Co as Shown		nd title if applicable 10. Amount of Capita in FLORIDA to da	al Contributions ate 42, 24	10,206	
	NOTE: General Partners MA	Y NOT be changed on the	TITY MUST BE REGIS ne form; an amendme	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12. DOCUMENT #	GENERAL PARTNER F98000003525	INFORMATION	13. STREET ADDRESS	ADDRESS CHANGES ONLY	
NAME STREET ADORESS CITY-ST-ZIP	AERC OF FLORIDA, INC. 5025 SWETLAND COURT DRIVE RICHMOND HEIGHTS, OH 4414		City-ST-ZiP		
OOGUMENT# NAME			STREET ADDRESS	U00000363483	
STREET ADDRESS CITY-ST-ZIP		` 	CITY-ST-ZIP	05/05/05-80001-004 526.25	
DOCUMENT #			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #	,	• • •	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP DOCUMENT			CITY-SI-ZIP		
DOCUMENT / NAME STREET ADDRESS	-		STREET ADDRESS		
		* >	CITY-ST-ZIP		
DOCUMENT / NAME STREET ADDRESS (CITY-ST-ZIP)			STREET ADDRESS CITY-ST-ZIP		
	ertify that the information supplied with on this report is true and accurate and t	this filing does not qualify for hat my signature shall have t	the exemption stated in Se he same legal effect as if r	Section 119.07(3)(1), Florfda Statutes. I further certify that the information made under oath, that I am a General Partner of the limited partnersh	
1 lue receiv	er or trustee empowered to execute this Florida, Inc., Gene	report as required by Unabt	er 620, Florida Statutes	04/25/05 216/707-8780	