

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000153

1. Entity Name

ALPHA - KEYS ORLANDO RETAIL ASSOCIATES, LTD.

FILED

01 MAY 18 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

ORLANDO INT'L AIRPORT

3. Mailing Address

8500 PARKLINE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 100

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO FL

4. FEI Number

54-1837588

Applied For

Not Applicable

Zip

32891

Country

USA

Zip

32809

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

100004420951--7

City

06/14/01 01120-002

****526.25 ****526.25

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)

DATE

9. Capital Contributions
as Shown on record.

99,000.00

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 # F95000000123
NAME ALPHA AIRPORT SERVICES, INC.
STREET ADDRESS 8500 PARKLINE BLVD SUITE 100
CITY-ST-ZIP ORLANDO, FL 32809

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PATRICK G. DEASH

4/26/01

Date

(407) 888-9902

Daytime Phone #

CR2E003 (1/1/00)