2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # A9700 PROPERTIES, LTD.			03 APR 22 PM 3: 15				
Principal Place of Business 1411 EDGEWATER DRIVE, SUITE 101 ORLANDO FL 32804		Mailing Address 1411 EDGEWATER DRIVE. SUITE 101 ORLANDO FL 32804		TABERHASSEE FEBREA				
Principal Place of Business 3. Malling Address				<u> </u>	-/ {	BIN (BIR) (BER) BERN BERN	Te lit ee nt ee nt ee nt	dien pież din ied
Suite Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
City & State		City & State			J3 J43U3U4		Applied For Not Applicable	
Zip ·	Country	Zip	Coun	try	5. Certificate of Status Desired See Required Fee Required		Additional	
	6. Name and Address of Curren	t Registered Agent			7. Name and A	Address of New Re		
LICIARTY I	DODERT W			Name				
HEWITT, ROBERT W 1411 EDGEWATER DRIVE, SUITE 101 ORLANDO FL 32804				Street Address ((P.O. Box Number is Not Acceptable)			
				City		<u>.</u>	FL Zip	Code
	e named entity submits this statement fitions of registered agent.	or the purpose of changing	g its registere	ed office or register	red agent, or both	, in the State of Flor	ida. I am familiar	with, and accept
SIGNATURE	Signature, typed or printed name of registered agen	t and title if englishing					DATE	
9. Capital Contributions \$1,850,000,00 10. Amount of Capital C				ntributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE				
as Shown	on record. A GENERAL PARTNER	in FLORIDA		LIST BE BEGIST	TERED AND A		SIDE FOR FEE II	NFORMATION
	NOTE: General Partners M	AY NOT be changed o	n the form	; an amendmen	nt must be filed	to change a ge	neral partner.	
12.						ADDRESS CHA	NGES ONLY	
DOCUMENT # NAME STREET ADDRESS				ET ADDRESS				CR2E003 (10/02)
CITY-ST-ZIP	ORLANDO FL 32804		CITY-	ST-ZIP			<u> </u>	
DOCUMENT # NAME	C&R LAND DEVELOPMENT, INC. 611 NORTH WYMORE ROAD		STRE	TREET AÚDRESS 300016886953 04/22/03-01081-016 **526.25			-, ,, ,	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		U17 667 (الدمثا ه ا
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DOCUMENT # NAME			STREE	ET ADDRESS			<u>"</u>	
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP				
14. I hereby of indicated the received	pertify that the information supplied wit on this report is true and accurate and ver or trustee empowere) to execute the	h this filing does not qualify d that my signature shall ha nis report as required by Cl	y for the exer ave the same hapter 620, F	nption stated in Se legal effect as if n lorida Statutes	ection 119.07(3)(i) nade under oath; t	, Florida Statutes. I hat I am a General	urther certify that Partner of the limit	the information ted partnership or

SIGNATURE: 🚣

STAPLE CHECK HERE