

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM****Secretary of State****DOCUMENT # A97000000520**

1. Entity Name

ALTIMA DEVELOPMENT LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

12605 LAKE BUTLER BLVD

12605 LAKE BUTLER BLVD

WINDERMERE

FL

WINDERMERE

FL

34786

34786

2. Principal Place of Business

8815 CONROY WINDERMERE RD.

3. Mailing Address

8815 CONROY WINDERMERE RD.

Suite, Apt. #, etc.

#130

Suite, Apt. #, etc.

#130

City &amp; State

ORLANDO

FL

City &amp; State

ORLANDO

FL

Zip

32835

Country

Zip

32835

Country

4. FEI Number

59-5340247

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

AZZOUZ KEVIN H

12605 LAKE BUTLER BLVD

WINDERMERE

FL

34786

**7. Name and Address of New Registered Agent**

Name

AZZOUZ KEVIN H

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

8815 CONROY WINDERMERE RD.

#130

City

ORLANDO

FL

Zip Code

32835

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)

04/26/2001

DATE

9. Capital Contributions

as Shown on record. 50,000,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 50,000,000.00

**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 #	NAME	STREET ADDRESS	8815 CONROY WINDERMERE RD.
STREET ADDRESS	12326 PARK AVENUE	CITY-ST-ZIP	ORLANDO FL 32835
CITY-ST-ZIP	WINDERMERE FL 34786		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
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:**

Sabrina M. Azzouz

VP

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)