## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000960 01 FEB -9 AM 8: 47 1. Entity Name SECRETARY OF STATE WATER VIEW PARTNERS, LTD. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1551 SANDSPUR ROAD P.O. BOX 4961 MAITLAND FL 32751 ORLANDO FL 32802-4961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3447456 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **B&C CORPORATE SERVICES OF CENT. FLA., INC.** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVE,, SUITE 1100 ORLANDO FL 32801 Zip Code FL 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 11. MAKE CHECK PAYABLE TO DEPT, OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$3,771,584.73 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY 13. CR2E003 (11/00) DOCUMENT # A95000001231 STREET ADDRESS NAME CED CAPITAL HOLDINGS VII, LTD. STREET ADDRESS 1551 SANDSPUR ROAD CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 400003708164--9 CITY-ST-ZIP -02/16/01--01133--018 DOCUMENT # STREET ADDRESS \*\*\*\*526.25 \*\*\*\*526.25 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-782 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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 managing general partne