

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001208

1. Entity Name
HRD1, LTD.



Principal Place of Business
1321 EDGEWATER DR., STE. #6
ORLANDO FL 32804

Mailing Address
P.O. BOX 1133
ORLANDO FL 32802-1133

FILED

03 JAN 29 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

Zip

Country

Zip

Country

4. FEI Number 59-3433765

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRISON, RAYMOND D
749 NORTH GARLAND AVE., SUITE 104
ORLANDO FL 32801

Name

RAYMOND D. HARRISON

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

1321 EDGEWATER DR SUITE 6

City

ORLANDO FL

City

FL

Zip Code

32804

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Raymond D. Harrison* RAYMOND D. HARRISON

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$285,000.00

10. Amount of Capital Contributions in FLORIDA to date. 285,000

11. MAKE CHECK PAYABLE TO FL. 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 HARRISON, RAYMOND D
STREET ADDRESS 1321 EDGEWATER DR., STE. #6
CITY-ST-ZIP ORLANDO FL 32804

STREET ADDRESS

CITY-ST-ZIP

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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:

Raymond D. Harrison RAYMOND D. HARRISON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/6/03
Date

4074224467
Daytime Phone #

CR2E003 (10/02)

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