

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001255**

1. Entity Name

ROBERT E. LANGFORD FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR -6 PM 6:22

Principal Place of Business C/O KENNETH B. WHEELER 1155 LOUISIANA AVENUE, SUITE 100 WINTER PARK FL 32789	Mailing Address C/O KENNETH B. WHEELER 1155 LOUISIANA AVENUE, SUITE 100 WINTER PARK FL 32789-2351
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3450312		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent

**WHEELER, KENNETH B ESQ.
KENNETH B. WHEELER, LL.M. TAX, P.A.
1155 LOUISIANA AVENUE, SUITE 100
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$3,403,908.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	P97000046423	STREET ADDRESS	700003178147--2
NAME	ROBERT E. LANGFORD CORPORATION	CITY - ST - ZIP	-03/21/00--01090--025
STREET ADDRESS	300 E. NEW ENGLAND AVENUE		***526.25 ***526.25
CITY - ST - ZIP	WINTER PARK FL 32789		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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: *Robert E. Langford* **SIGNATURE REQUIRED** **3/28/00** **407-644-3400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)