## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT, # A9700001809  1. Entity Name												
VILLAS INVESTORS PARTNERSHIP, LTD.							-	FILED			~	l
Principal Place of Business Mailing Address							01 J/	N 22 A	N 10: 50		·	Λ
1270 ORANGE AVENUE. STE. C WINTER PARK FL 32789 WINTER PARK FL 32789 WINTER PARK FL 32789								TARY OF	STATE	<b>95</b> (5) (15 <b>5</b> )	!   <b>             </b>	
2. Principal f	Place of Busi	ness	3. Mailing Address									
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State				4. FEI Number	59-34636	10		Applie Not Ap	d For plicable
Zip	,		Zip	Country			5. Certificate o			Fee Re	Addition quired	al
	and Address of Current		7. Name and Address of New Registered Agent Name									
JOHNSON, LORAN A ESQUIRE 215 NORTH EOLA DRIVE					Street Address (P.O. Box Number is Not Acceptable)							
ORLANDO FL 32801												$\overline{}$
					City FL Zip Co.						Code	
8. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office or r	registere	d agent, or both,	in the State o	f Florida.			
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	nd Agent signature	e required v	when reinstating)		DATE			_
9. Capital Co as Shown		\$1,150,000.00	butions .				HECK PAYABL					
	A	GENERAL PARTNER T	HAT IS A BUSINESS EN	TITY M	IUST BE R	EGIST	ERED AND AC	TIVE WITH	THIS OFFIC	E.		
12.	NOIE	GENERAL PARTNER	Y NOT be changed on the INFORMATION	13.	ı; an amen	iament			CHANGES ON			
DOCUMENT / P97000072241 ARDEN DEVELOPMENT CORP.				STRI	EET ADORESS							
STREET ADDRESS CITY-ST-ZIP		NGE AVENUE, SUITE C ARK FL 32789		CITY	-ST-ZIP							
NAME				STRE	EET ADDRESS		······	<del></del>		<b>-4</b> 9	<b>4</b>	9
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		, au	-01/2 ****	97010 526 <b>.</b> 25	1137- ****	024 526.2	25
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CITY-ST-ZIP -				CITY	-ST-ZIP .							
DOCUMENT # 300 NAME STREET ADDRESS	!			STRE	ET ADÖRESS		•					
CITY-ST-ZIP		Office and the control of the contro	ALL ERLA JANA SAN SAN SAN SAN SAN SAN SAN SAN SAN		-ST-ZIP	4:- 6		<b>F</b> ). 44 <b>F</b> : .				
indicated the receiv	on this reporter or trustee	t is true and accurate and t empowered to execute this	this filing does not qualify for hat my signature shall have the report as required by Chapte	ne exe ne same er 620, f	mption state e legal effect Florida Statut	o in Sec as if ma tes	tion 119.07(3)(i), ide under oath; tl	riorida Statut nat I am a Ger	es. I further ce leral Partner o	rtity that f f the limit	ne intorm ed partne	rship or