2000 UNIFORM BUSINESS REPORT (UBR)

CRYSTAL COVE, LTD. OD APR 10 PM 2: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA ORIANDO FL 32804 ORIANDO FL 32804 ON WEST COLONIAL DRIVE. SUITE 7 ORIANDO FL 32804 ON WEST COLONIAL DRIVE. SUITE 7 ORIANDO FL 32804 ON ONT WRITE IN THIS SPACE City & State The Registered Agent The Registered Agent The Registered Agent City FL Zip Code City FL Zip Code City FL Zip Code City City FL Zip Code City The above named entity submits this statement for the purpose of changing its registered diffica or registered agent, or both, in the State of Florida. City FL Zip Code City FL Zi	OOCUI		00001913				en e	· D	- · · · · · · · · · · · · · · · · · · ·
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Zip Country Zip Country 5: Country 5: Certificate of Status Desired \$8.75 Additional Fee Required . S. Name and Address of Current Régistered Agent 7: Name and Address of New Régistered Agent Per Required . MACARTHUR, WILLIAM H 401 WEST COLONIAL DRIVE, SUITE 7 ORLANDO FL 32804 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. IGNATURE Superum, hower or pressurement and implement agent and the 7 applicable. (City Registered Agent signature accised when remaining) DATE TO DEPT. OF STATE SEE REVERSES SIZE FOR FEE INFORMATION A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERIED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. A GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY P97000076577 BDC CRYSTAL COVE, INC. OTV-ST-ZP COUMBRIT / MAKE SIRRET ADDRESS OTV-ST-ZP COMBRIT / MAKE SIRRET ADDRESS OTV-ST-ZP COMBRIT / MAKE SIRRET ADDRESS OTV-ST-ZP COMBRIT	City & State		City & State			4. FEI Number	59-3469137		
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MACARTHUR, WILLIAM H 401 WEST COLONIAL DRIVE, SUITE 7 ORLANDO FL 32804 City FL Zip Code City FL Zip		6. Name and Address of Current	6. Name and Address of Current Registered Agent						
401 WEST COLONIAL DRIVE, SUITE 7 ORLANDO FL 32804 City FL Zip Code City City FL Zip Code City FL Zip Code City City FL Zip Code City	MACADTL	HIR WILLIAM H			Name				
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. Capital Contributions as Shown on record. \$1,086,976.34 10. Amount of Capital Contributions in FLORIDA to date. 100 Amount of Capital Contributions as Shown on record. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SER REVERSE Side For Ret InfoRMATION 10. Amount of Capital Contributions in FLORIDA to date. 10. Amount o	401 WEST	r Colonial Drive, Suite 7			Street Address	(P.O. Box Number	is Not Acceptable)		
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IGNATURE Signature, typed or printed name of registered agent and tool if applicable. Capital Contributions as Shown on record. 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 filled to change a general partner. 2. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOUMENT I MAKE MR. RIPETADORESS TYST-2P COMMENT I MAKE TREETADORESS GIYY-ST-2P COMMENT I MAKE TREETADORESS TY-ST-2P COMMENT I MAKE TREETADORESS CIYY-ST-2P COMMENT I MAKE TREETADORESS CIYY-ST-2P					<u> </u>			L Zip Code	
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4. 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.	14. Iherebu	certify that the information supplied with	this filing does not qualify	for the exe	mption stated in	Section 119.07(3)(i)	, Florida Statutes. I further o	ertify that the information of the limited partner	ation ship or

4/6/00 Date