

2001 UNIFORM BUSINESS REPORT (UBR)

0001862 AF

DOCUMENT # A97000001944

1. Entity Name

BUCHANAN BAY PARTNERS, LTD.

Principal Place of Business

~~2105 PARK AVENUE, NORTH~~
~~WINTER PARK FL 32789~~

Mailing Address

390 NORTH ORANGE AVE., SUITE 1100
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

129 ROBIN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

City & State

Zip

Country

Zip

Country

32701

4. FEI Number

59-3475114

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

B&C CORPORATE SERVICES OF CENTRAL FL, INC.
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO FL 32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$50.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # P97000070756
NAME BUCHANAN BAY, INC.
STREET ADDRESS ~~2105 PARK AVENUE, NORTH~~
CITY-ST-ZIP ~~WINTER PARK FL 32789~~

STREET ADDRESS 129 Robin Road
CITY-ST-ZIP Altamonte Springs, FL 32701

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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

BUCHANAN BAY, INC.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
DONNA S. PEPPER, FIZES

Date

Daytime Phone #

4-25-01

407/599-9998

CR2E003 (11/00)



01 MAY -1 PM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE