

2001 UNIFORM BUSINESS REPORT (UBR)

0001732 AF

DOCUMENT # A97000002107

1. Entity Name

MELODY LANE PARTNERS, LTD.

FILED

01 APR 18 PM 12:15

[Handwritten Signature]

Principal Place of Business

Mailing Address

350 MELODY LANE
CASSELBERRY FL 32707

P.O. BOX 940877
MAITLAND FL 32794-0877

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-7106591

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHIEFERDECKER, HOWARD A
1605 KING ARTHUR CIRCLE
MAITLAND FL 32751

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.

\$30,000.00

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 # L28451
NAME SDP INVESTMENTS, INC.
STREET ADDRESS 1605 KING ARTHUR CIRCLE
CITY-ST-ZIP MAITLAND FL 32751

STREET ADDRESS

CITY-ST-ZIP

300004139733--9

DOCUMENT # L79712
NAME SOS REALTY CORP.
STREET ADDRESS 1605 KING ARTHUR CIRCLE
CITY-ST-ZIP MAITLAND FL 32751

STREET ADDRESS

CITY-ST-ZIP

-05/07/01--01130--005

*****298.75 *****298.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/01
Date

(407) 481-3711
Daytime Phone #

CR2E003 (11/00)