2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002530

1. Entity Name
ACP-LAURICH PARTNERSHIP, LTD.

FILED
2003 APR -1 AM 10:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

000119 AV

Principal Place of Business	Mailing Address
512 E. WASHINGTON ST., SUITE 200 ORLANDO FL 32801	~~701 BRICKELL AVE., #3000 MIAMI FL 33131~~

2. Principal Place of Business	3. Mailing Address
	512 E Washington St
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 200
City & State	City & State Orlando FL
Zip / Country	Zip 32801 / Country USA

DUE BY MAY 1, 2003

4. FEI Number 59-3483880 ☐ 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
INTRASTATE REGISTERED AGENT CORP., INC. ~~701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131~~	Name Intrastate Registered Agent Corp Street Address (P.O. Box/Number is Not Acceptable) 512 East Washington St Suite 200 City Orlando FL FL Zip Code 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 1/27/03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $3,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. 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 #	P97000099054	STREET ADDRESS	
NAME	LAURICH,INC.		
STREET ADDRESS	512 E. WASHINGTON ST., SUITE 200	CITY-ST-ZIP	600015083616
CITY-ST-ZIP	ORLANDO FL 32801		
DOCUMENT #		STREET ADDRESS	04/01/03--01062--002 **526.25
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CR2E003 (10/02)

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: SIGNATURE REQUIRED 1/27/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #