

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0000703
AV

DOCUMENT # A97000002654

1. Entity Name

TEMPUS RESORTS INTERNATIONAL, LTD.

02 MAY 31 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7380 SAND LAKE RD., STE 600
ORLANDO FL 32819

Mailing Address

7380 SAND LAKE RD., STE 600
ORLANDO FL 32819



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3482443

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

DATE

9. Capital Contributions

\$112,800,753.00

as Shown on record.

\$142,755,059.00

10. Amount of Capital Contributions

in FLORIDA to date.

142,755,059.00

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 # M99000000562
NAME AP/TEMPUS, LLC
STREET ADDRESS 7380 SAND LAKE RD., STE 600
CITY-ST-ZIP ORLANDO FL 32819

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Supp. att
filed
2/4/02
let

000005695230--2
-06/06/02--01085--002
****535.00 ****535.00

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Roger Farwell, President
of AP/Tempus, LLC

4/30/02

407-226-1900

Date

Daytime Phone #

CR2E003 (9/01)