2001	UNIFOR	RM BUSI	NESS REPO	RT (UBR	i)	
DOCUMENT # A9700002899					•	
BLOCK 6	88 Partnership,	LTD.			′:	FILED
Principal Place of Business Mailing Address						01 MAR 13 AM 10: 18
425 W. NEW I WINTER PARK	england avenue. Su FL 32789	IITE 300	P.O. BOX 350 WINTER PARK FL 32790-0350			SECRETARY OF STATE TALLAHASSEE, FLORIDA
<u> 558 i</u>		naland on	3. Mailing Address			-
Suite Apt. #, etc Suite Apt. #, etc			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State Park, PL			City & State			4. FEI Number Applied For Not Applicable
32789 Country			Zip Country			5. Certificate of Status Desired
	6Name and Add	dress of Current R	egistered Agent.			7. Name and Address of New Registered Agent
WINTER PARK REDEVELOPMENT MANAGEMENT CORP. Name Winter park Redevelopment mgT corp Street Address (RO, Roy Number is Not Associable)						
Thee values in					P.O. Box Number is Not Acceptable)	
WINTER PARK FL 32789 Swite, 21						NO
Cilwinter Park FL 350989						
8. The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature. Speed 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. \$990.00 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.		NERAL PARTNER I		13.		ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS	P94000038528 Winter Park Re P.O. Box 350	DEVELOPMENT I	MANAGEMENT CORP.	STREET ADDRESS		500003855015 3
CITY-ST-ZIP DOCUMENT #	WINTER PARK FL	32790		CITY-ST-ZIP		-03/15/0101102019 ****141.25 ****141.25
NAME STREET ADDRESS				STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP				0111-31-2H		
NAME				STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP		
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DOCUMENT # NAME STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
DOCUMENT # NAME 2* STREET ADDRESS				STREET ADDRESS	-	
CITY-ST-ZIP	certify that the informa	tion supplied with the	ais filing does not qualify for t	CITY-ST-ZIP	d in Ser	ction 119,07(3)(i), Florida Statutes. I further certify that the information
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 recoired by Chapter 620, Florida Statutes						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayling Phone #						
407-644-3151						