

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000896

1. Entity Name

ORLANDO INTERNATIONAL FESTIVAL LIMITED PARTNERSH

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05

Principal Place of Business
C/O CAPITOL INVESTMENT ASSOCIATES CORP.
5454 WISCONSIN AVENUE, SUITE 1265
CHEVY CHASE MD 20815

Mailing Address
C/O CAPITOL INVESTMENT ASSOCIATES CORP.
5454 WISCONSIN AVENUE, SUITE 1265
CHEVY CHASE MD 20815-6920



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	52-2093373	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent

WIELAND, JEFFREY P ESQ
MAGUIRE VOORHIS & WELLS, P.A.
2 SOUTH ORANGE AVENUE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$7,500.00 10. Amount of Capital Contributions in FLORIDA to date. \$7,500.00 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 #	P98000032817	STREET ADDRESS	
NAME	MDR/OIF CORP.	CITY - ST - ZIP	
STREET ADDRESS	5454 WISCONSIN AVENUE, SUITE 1265	STREET ADDRESS	700003249087--5
CITY - ST - ZIP	CHEVY CHASE MD 20815	CITY - ST - ZIP	05/11/00--01105--023
DOCUMENT #		STREET ADDRESS	****141.25 ****141.25
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: MICHAEL D. RUBIN PRES. - CORP. OF 3/31/00 301-951-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #