

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A99000000139**

**1. Entity Name**  
**CHELSEA ORLANDO DEVELOPMENT LIMITED PARTNERSHIP**



**Principal Place of Business**  
**103 EISENHOWER PARKWAY**  
**ROSELAND NJ 07068**

**Mailing Address**  
**103 EISENHOWER PARKWAY**  
**ROSELAND NJ 07068**

**FILED**  
**03 MAY -6 PM 8:47**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**MJH**

0017800 AB



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

**4. FEI Number 22-3629872**

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**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

DATE

**9. Capital Contributions**  
as Shown on record. **\$25,000,000.00**

**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 # M99000000045**  
**NAME S/C ORLANDO DEVELOPMENT LLC**  
**STREET ADDRESS 103 EISENHOWER PARKWAY**  
**CITY-ST-ZIP ROSELAND NJ 07068**

STREET ADDRESS

CITY-ST-ZIP

**DOCUMENT #**  
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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:**

*Shantur Verbalass* Controller

4/17/03

973-228-6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE