

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000235

1. Entity Name

5581 S.O.B.T., LTD.

FILED

02 FEB 18 PM 4: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 5075 SOUTH ORANGE BLOSSOM TRAIL, ORLANDO FL 32835
Mailing Address: 5075 SOUTH ORANGE BLOSSOM TRAIL, ORLANDO FL 32835

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, 2002

4. FEI Number 59-3567378 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

LABRET, STEVEN M ESQ.
226 HILLCREST STREET
ORLANDO FL 32801

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

9. Capital Contributions as Shown on record. \$50.00 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. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000013125	STREET ADDRESS	
NAME	G & C EQUITIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	5075 SOUTH ORANGE BLOSSOM TRAIL		
CITY-ST-ZIP	ORLANDO FL 32835		
DOCUMENT #		STREET ADDRESS	300004991343--4
NAME		CITY-ST-ZIP	-02/22/02--01065--003
STREET ADDRESS			***158.75 ***158.75
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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: 2-14-02 (407) 425-9539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE