UNIFORM BUSINESS REPORT (UBR)

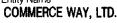
DOCUMENT

A9900000391

1. Entity Name

Principal Place of Business 2300-2320 S. AIRPORT BLVD.

SANFORD FL 32771





Mailing Address P.O. BOX 940877 MAITLAND FL 32794-0877 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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2. Principal Place of Business		3. Mailing Addr	ress	I (BBIRG) IRIU IRIUR IBILI BORIF	
Suite, Apt. #, etc.		Suite, Apt. #,	etc.	DUE BY MAY 1, 2003	
City & State		City & State	<u></u>	4. FEI Number 59-3603108	
Zip	Country	Zip	Country	5. Certificate of Status Desired Service Servi	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name	
TATICH, PHILIP					
341, NORTH MAITLAND AVENUE, SUITE 340 MAITLAND FL 32751			Street Add	ress (P.O. Box Number is Not Acceptable)	
MATILANI	J FL 32/51				
			City	FL Zip Code	
the obligat	named entity submits this stateme tions of registered agent.	int for the purpose of ch	anging its registered office or re	gistered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.		DATE	
9. Capital Contributions as Shown on record. \$288,000.00 10. Amount of Capital Conin FLORIDA to date.				11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
				GISTERED AND ACTIVE WITH THIS OFFICE. Iment must be filed to change a general partner.	
12.	GENERAL PART	NER INFORMATION	13.	ADDRESS CHANGES ONLY	
DOCUMENT # NAME	L28451 SDP INVESTMENTS, INC.		STREET ADDRESS	<u> </u>	
STREET ADDRESS CITY-ST-ZIP	1605 KING ARTHUR CIRCLE MAITLAND FL 32751		CITY-ST-ZIP		
DOCUMENT # NAME	L79712 SOS REALTY CORP.		STREET ADDRESS	800015867518	
STREET ADDRESS CITY-ST-ZIP	1605 KING ARTHUR CIRCLE MAITLAND FL 32751		CITY-ST-ZIP	04/14/0301068010 **\$26.25	
DOCUMENT # NAME	RED BAY PARTNERS, INC.	-	STREET ADDRESS		
STREET ADDRESS City-ST-ZIP	117 RED BAY DRIVE LONGWOOD FL 32779		CITY-ST-ZIP		
DOCUMENT # NAME			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		

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

CITY-ST-ZIP

CITY-ST-ZIP.

STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

WURED