

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A99000000571

**1. Entity Name**  
INVESTORLANDO, LIMITED

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL 31 PM 1:58



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
1300 EAST MICHIGAN STREET  
ORLANDO FL 32806

**Mailing Address**  
1300 EAST MICHIGAN STREET  
ORLANDO FL 32806

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip** **Country**

**Zip** **Country**

**4. FEI Number** 59-3571897

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
LAMANNA, JUSTIN J  
1300 EAST MICHIGAN STREET  
ORLANDO FL 32806

**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 registering)  
Signature, typed or printed name of registered agent and title if applicable. DATE

**9. Capital Contributions as Shown on record.** \$1,000,000.00

**10. Amount of Capital Contributions in FLORIDA to date.** 1,500,875

**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**

DOCUMENT #	P94000005868
NAME	HOMEVEST MANAGEMENT, INC.
STREET ADDRESS	1300 EAST MICHIGAN STREET
CITY-ST-ZIP	ORLANDO FL 32806
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600004510406--8
CITY-ST-ZIP	08/01/01-01005-038 ****437.50 ****437.50
STREET ADDRESS	
CITY-ST-ZIP	FF \$526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600004510406--8
CITY-ST-ZIP	08/01/01-01005-038 *****88.75 *****88.75
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:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/01 (407) 697-5400  
Date Daytime Phone #

CR2E003 (11/00)