

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008289 AT

DOCUMENT # **A99000000571**

1. Entity Name  
**INVESTORLANDO, LIMITED**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

WCS/28

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

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

02 MAY 13 PM 12:34



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3571897</b>	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LAMANNA, JUSTIN J 1300 EAST MICHIGAN STREET ORLANDO FL 32806</b>		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. <b>\$5,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>1732,446.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P94000005868 HOMEVEST MANAGEMENT, INC. 1300 EAST MICHIGAN STREET ORLANDO FL 32806</b>	STREET ADDRESS	
		CITY-ST-ZIP	
			<b>100005677221--2</b>
			<b>-06/04/02--01030--021</b>
			<b>****526.25 ****526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS 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: **4/17/02** **407-897-5400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)