

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013214 AF

**DOCUMENT #** A99000001042


**1. Entity Name**  
GALLERY AT AVALON ISLAND, LTD.

**Principal Place of Business**  
39 S. MAGNOLIA ST.  
ORLANDO FL 32801

**Mailing Address**  
P.O. BOX 621808  
ORLANDO FL 32862

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

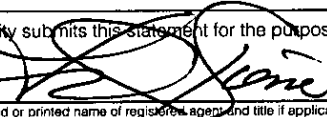
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01 FEB 13 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
MOTOLAW, INC. 413 VIRGINIA DRIVE ORLANDO FL		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  **Ford W. Kiene** DATE **1/23/01**


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>9. Capital Contributions as Shown on record.</b> \$337,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b> 2400,000.00	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	P99000056991	STREET ADDRESS	
NAME	MERLIN OF ORLANDO, INC.	CITY-ST-ZIP	700003675427--6
STREET ADDRESS	39 S. MAGNOLIA ST.		-02/13/01--01001--008
CITY-ST-ZIP	ORLANDO FL 32801		*****526.25 *****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	FF \$526.25
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DOCUMENT #		STREET ADDRESS	
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:  **Ford W. Kiene** DATE **1/23/01** DAYTIME PHONE # **407-251-4001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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