

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020654 MB

DOCUMENT # B02000000036



FILED

03 MAY -5 PM 7:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

1. Entity Name
ORLANDO DESIGN TECH-OPERATING ASSOCIATES, LIMITED PARTNERSHIP

Principal Place of Business
330 GARFIELD STREET
SANTA FE NM 87501

Mailing Address
330 GARFIELD STREET
SANTA FE NM 87501



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
01-0562889

Applied For
 Not Applicable

DUE BY MAY 1, 2003

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

GREENE, ROBERT ESQ.
1301 6TH AVENUE WEST, SUITE 400
BRADENTON FL 34205

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$750,000.00** **10. Amount of Capital Contributions in FLORIDA to date.** **11. MAKE CHECK PAYABLE TO FL. 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 #	M02000000282	STREET ADDRESS	3000 GARDNER ST 05/05/03--01061--002--**526.25
NAME	BGK ORLANDO DESIGN TECH LLC	CITY-ST-ZIP	
STREET ADDRESS	330 GARFIELD STREET		
CITY-ST-ZIP	SANTA FE NM 87501		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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: SIGNATURE REQUIRED Ian Brownlow 4/24/03 505-992-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)