

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018567 AF

DOCUMENT # **B95000000002**

FEB 13 ENT

1. Entity Name

**ORLANDO TM ASSOCIATES, LIMITED PARTNERSHIP**

**FILED**

01 FEB 19 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1699 S. HANLEY ROAD, SUITE 203  
ST. LOUIS MO 63144

1699 S. HANLEY ROAD, SUITE 203  
ST. LOUIS MO 63144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

940 West Port Plaza

940 West Port Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 205

Suite 205

City & State

City & State

St. Louis Mo

St. Louis Mo

4. FEI Number

59-3285400

Applied For

Not Applicable

Zip

Country

Zip

Country

63146

63146

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

**C T CORPORATION SYSTEM**  
1200 SOUTH PINE ISLAND ROAD  
PLANTAION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$100.00

10. Amount of Capital Contributions in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F95000000008**  
NAME **LHMOA, INC.**  
STREET ADDRESS **1699 S. HANLEY RD., STE. 203**  
CITY-ST-ZIP **ST. LOUIS MO 63144**

STREET ADDRESS **940 West Port Plaza Suite 205**  
CITY-ST-ZIP **ST. LOUIS MO 63146**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)