

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# B95000000002

FILED  
Jan 17, 2003  
Secretary of State

**Entity Name:** ORLANDO TM ASSOCIATES, LIMITED PARTNERSHIP

**Current Principal Place of Business:**

940 WEST PORT PLAZA, SUITE 205  
ST. LOUIS, MO 63146

**New Principal Place of Business:**

**Current Mailing Address:**

940 WEST PORT PLAZA, SUITE 205  
ST. LOUIS, MO 63146

**New Mailing Address:**

FEI Number: 59-3285400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Capital Contributions as Shown on record:** 100.00

**Amount of Capital Contributions in Florida to date:** 100.00

**GENERAL PARTNER INFORMATION:**

Document #:

Name: LHMOA, INC.

Address: 940 WEST PORT PLAZA, SUITE 205

City-St-Zip: ST. LOUIS, MO 63146

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT F. O' LOUGHLIN

DP

01/17/2003

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date