

2000 UNIFORM BUSINESS REPORT (UBR)

0020427 IN 3

DOCUMENT # B96000000227				FILED 00 MAR 27 PM 2:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name ORLANDON REALTY COMPANY LIMITED PARTNERSHIP					
Principal Place of Business 9286 WARWICK BLVD. NEWPORT NEWS VA 23607			Mailing Address 9286 WARWICK BLVD. NEWPORT NEWS VA 23607-1535		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-1978242	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HUNTER, DANIEL M 243 WEST PARK AVE., SUITE 101 WINTER PARK FL 32890				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$100,000.00		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 #	F96000003149			STREET ADDRESS	
NAME	ORLANDON/AVALON, INC.			CITY - ST - ZIP	
STREET ADDRESS	7200 STONEHENGE DR., SUITE 211			400003202984--1 -04/11/00--01043--010 *****526.25 *****526.25	
CITY - ST - ZIP	RALEIGH NC 27613				
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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				757 John A. Munick, Jr 3-14-00 928-6201	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>	

CR2E003 (9/99)