

2002 UNIFORM BUSINESS REPORT (UBR)

0020066 AB

DOCUMENT # **B96000000314**

1. Entity Name
ORLANDO-IM LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR 11



Principal Place of Business % KESSINGER/HUNTER & COMPANY, INC. 2600 GRAND AVENUE, SUITE 700 KANSAS CITY MO 64108	Mailing Address % KESSINGER/HUNTER & COMPANY, INC. 2600 GRAND AVENUE, SUITE 700 KANSAS CITY MO 64108
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2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **43-1754152** Applied For
Not Applicable

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

9. Capital Contributions as Shown on record. **\$3,300,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **3,200,000.00**

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 # **B96000000313**
NAME **IMKC-ORLANDO LIMITED PARTNERSHIP**
STREET ADDRESS **2600 GRAND AVENUE, SUITE 700**
CITY-ST-ZIP **KANSAS CITY MO 64108**

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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: **X** *John Demardt* **2/13/02 (816) 842 2690**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **JOHN DEMARDT, PRESIDENT** Date Daytime Phone #

CP2E003 (9/01)