

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000314



1. Entity Name
ORLANDO-IM LIMITED PARTNERSHIP

FILED

03 APR 11 AM 8:30

SECRETARY OF STATE



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003
Applied For
Not Applicable

Zip

Country

Zip

Country

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

SIGNATURE

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

DATE

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

STREET ADDRESS
CITY-ST-ZIP

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STAPLE CHECK HERE

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

IMKC ORLANDO LP, GP BY LEAWOOD OFFICES CORP, ITS GP BY

SIGNATURE:

SIGNATURE REQUIRED X

John Bernhardt

2/19/03

816 842 2690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **JOHN BERNHARDT, PRESIDENT** Date

Daytime Phone #