2002 UNIFORM BUSINESS REPORT (UBR)					M	
DOCUMENT # B9700000288 1. Entity Name ORLANDO-HIAWASSEE PARTNERS, LTD.				FILED	}	
				02 APR 26 AM 9: 09	}	
250 WASHINGTON ST. PO BOX 68		Mailing Address PO BOX 680176 PRATTVILLE AL 36068		SECRETARY OF STATE TALLAHASSEE, FLORIDA	4	
2 Principal	Place of Puninger	O Matter Address				
Principal Place of Business Mailing Address		3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #, etc.		DUE BY MAY 1, 2002		
City & State		City & State	····	4. FEI Number 72-1376359	Applied For Not Applicable	
Zip	Country	Zip	Country		.75 Additional Required	
	6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered Ager	·	
WELL	201 41/2 11/		Name	Name		
KIEHN, ROLAND W 220 MCKENZIE AVE. PANAMA CITY FL 32401			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
					٠	
			City	FL	Zip Code	
8. The above	e named entity submits this statem	ent for the purpose of changing its	s registered office or regis	tered agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable		-+		
9. Capital Contributions \$1,000,00 10. Amount of Capital Contributions			tal Contributions	11. MAKE CHECK PAYABLE TO	DEPT. OF STATE	
as Shown	on record.	in FLORIDA to a	date. 5 1,000.	SEE REVERSE SIDE FOR FE STERED AND ACTIVE WITH THIS OFFICE.	E INFORMATION	
	NOTE: General Partner	s MAY NOT be changed on t	the form; an amendm	ent must be filed to change a general partner	r.	
12.		RTNER INFORMATION	13.	ADDRESS CHANGES ONLY		
DOCUMENT # NAME	NEWTON OLDACRE MCDON	/19700000334 VEWTON OLDACRE MCDONALD, L.L.C.			(9/01)	
STREET ADDRESS CITY-ST-ZIP	PRESS PRATTVILLE AL 36067		CITY-ST-ZIP		CR2E003	
DOCUMENT # NAME			STREET ADDRESS		5	
STREET ADDRESS CITY-ST-ZIP	ESS		CITY-ST-ZIP	4000054501 -05/03/02010 ****141.25 **	842 61014	
DOCUMENT # NAME			STREET ADDRESS	####141.25 #	***141.25	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT # NAME			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT #			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT # NAME			STREET ADDRESS			
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: X

CITY-ST-ZIP

SIGNATURE THOMAS EINEW ton, Managing Member 3/15/02