

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B99000000463**

1. Entity Name
SV ORLANDO MAITLAND LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 28 PM 12:34
LL8/11

Principal Place of Business
**210 BARTON SPRINGS ROAD, SUITE 500
AUSTIN TX 78704**

Mailing Address
**210 BARTON SPRINGS ROAD, SUITE 500
AUSTIN TX 78704**



| | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | DUE BY SEPTEMBER 24, 2003 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 74-2939184 | |
| City & State | | City & State | | Applied For Not Applicable | |
| 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 | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,150,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **2,150,000.00**

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 # | F97000006409 | STREET ADDRESS | |
| NAME | SIMMONS, VEDDER & CO. | CITY-ST-ZIP | |
| STREET ADDRESS | 210 BARTON SPRINGS ROAD, SUITE 500 | | 200021860942 |
| CITY-ST-ZIP | AUSTIN TX 78704 | | 07/28/03--01065--004 **2238.75 |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| NAME | | CITY-ST-ZIP | |
| 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: *by: Wolfram Vedder*
SIGNATURE REQUIRED
Signature and typed or printed name of signing general partner
Date **7/11/03** Daytime Phone # **512-499-0088**

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CR2E003 (4/03)

STAPLE CHECK HERE