

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

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DOCUMENT # L00000004100

1. Entity Name  
CENTRAL FLORIDA DEVELOPMENT PARTNERS, LC

01 APR 27 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1399 WEST STATE ROAD 434  
LONGWOOD FL 32750

Mailing Address  
1399 WEST STATE ROAD 434  
LONGWOOD FL 32750



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, BERRY J JR.  
235 MAITLAND AVENUE SOUTH, SUITE 216  
MAITLAND FL 32751

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

800004194838--3  
-05/11/01--01014--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME MURRAY, MICHAEL E  
STREET ADDRESS 1399 WEST STATE ROAD 434  
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE Mgr  
NAME John T. Callahan III  
STREET ADDRESS 80 first street  
CITY-ST-ZIP Bridgewater, MA 02324 ☐ Change ☒ Addition

TITLE MGR  
NAME MURRAY, M. SHANE  
STREET ADDRESS 1399 WEST STATE ROAD 434  
CITY-ST-ZIP LONGWOOD FL 32750 ☒ Delete

TITLE Mgr.  
NAME Berry J. Walker, Jr.  
STREET ADDRESS 235 South Maitland Ave. Suite 216  
CITY-ST-ZIP Maitland, FL 32751 ☐ Change ☒ Addition

TITLE MGR  
NAME HAGEN, DEBORAH  
STREET ADDRESS 1335 MYRTLE DRIVE  
CITY-ST-ZIP LONGWOOD FL 32750 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR  
NAME HAGEN, TERRY  
STREET ADDRESS 1335 MYRTLE DRIVE  
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Michael Murray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)