

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 15, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000012133**

1. Entity Name

OVIEDO PARTNERS, L.L.C.

Principal Place of Business

Mailing Address

235 SOUTH CENTRAL AVENUE

235 SOUTH CENTRAL AVENUE

OVIEDO  
32765

FL

OVIEDO  
32765

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3676906**

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

O'DANIEL PAUL T  
235 SOUTH CENTRAL AVENUEOVIEDO  
32765

US

FL

Name

O PAUL T

Street Address (P.O. Box Number is Not Acceptable)

235 SOUTH CENTRAL AVENUE

City

OVIEDO

**FL**Zip Code  
32765

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 **PAUL T. O'DANIEL****01/15/2001**

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**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGR LARWOOD GARY M 683 CANADICE CT WINTER SPRINGS FL 32708	
		MGR O'DANIEL CHARLOTTE G 464 CITRUS AVE OVIEDO FL 32765	
		MGR O'DANIEL PAUL T 464 CITRUS AVE OVIEDO FL 32765	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> 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:** Paul T. O'Daniel

MGR

01/15/2001

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

Date

Daytime Phone #

CR2E083 (11/00)