

2001 UNIFORM BUSINESS REPORT (UBR)

0005403 AF

DOCUMENT # **L99000005427**

FILED

01 MAY -1 PM 5: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
MCO ENTERPRISES, L.C.

Principal Place of Business C/O JEAN E. WILSON 201 SOUTH ORANGE AVENUE, SUITE 1060 ORLANDO FL 32801	Mailing Address C/O JEAN E. WILSON 201 SOUTH ORANGE AVENUE, SUITE 1060 ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

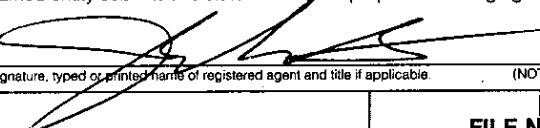
2. Principal Place of Business 9029A Airport Blvd Suite, Apt. #, etc.	3. Mailing Address 450 South Orange Avenue Suite, Apt. #, etc. Suite 510
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City & State Orlando, Florida	City & State Orlando, FL	4. FEI Number 59-3622483	Applied For <input type="checkbox"/> Not Applicable
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Zip 32827	Country USA	Zip 32801	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WILSON, JEAN E ESQUIRE 201 SOUTH ORANGE AVENUE, SUITE 1060 ORLANDO FL 32801	7. Name and Address of New Registered Agent Name Jean E. Wilson, Esquire Street Address (P.O. Box Number is Not Acceptable) 450 South Orange Avenue Suite 510 City Orlando FL Zip Code 32801
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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  (NOT: Registered Agent signature required when reinstating) DATE **4/23/01**

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	MGRM NABBIE, TYRONE 7862 CANYON LAKE CIRCLE ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, JEAN E 201 SOUTH ORANGE AVENUE, SUITE 1060 ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jessie E. Maali <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  DATE **4-23-01** Daytime Phone # **407/426-7595**

CR2E083 (11/00)