

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90046 015 ****55.00

DOCUMENT # L99000008663

1. Entity Name

PTC LAND HOLDINGS, LLC

Principal Place of Business

**255 S. ORANGE AVE., SUITE 1100
 ORLANDO FL 32801**

Mailing Address

**POST OFFICE BOX 231
 ORLANDO FL 32802-0231**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3664513**

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CHRISTIANSEN, PATRICK T
 255 SOUTH ORANGE AVENUE, SUITE 1100
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **CHRISTIANSEN, PATRICK T**
 STREET ADDRESS **255 SOUTH ORANGE AVENUE, SUITE 1100**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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:

Patrick T. Christiansen
Patrick T. Christiansen
 AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/4/02 407 843-7860

CR2E083 (9/01)