

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002525

1. Entity Name

ORLANDO PARTNERS ONE, LLC

Principal Place of Business

Mailing Address

SAME AS MAILING

9777 N. College Ave  
INDIANAPOLIS, IN 46280

FILED

01 FEB 19 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Lanth Property Group

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9777 N. College Ave

City & State

City & State

INDIANAPOLIS IN

Zip

Country

Zip

Country

46280

USA

4. FEI Number

35-2115286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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.

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Robert Lanth - CEO ☐ Delete  
STREET ADDRESS 9777 N. College Ave  
CITY-ST-ZIP INDIANAPOLIS, IN 46280

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

TITLE NAME Gray Gurnik - President ☐ Delete  
STREET ADDRESS 9777 N. College Ave  
CITY-ST-ZIP INDIANAPOLIS, IN 46280

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 400003746534--7  
CITY-ST-ZIP -02/21/01--01126--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME LARRY DANNEN - CEO ☐ Delete  
STREET ADDRESS 9777 N. College Ave  
CITY-ST-ZIP INDIANAPOLIS, IN 46280

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
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

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

Date

Daytime Phone #

2/13/01

CR2E083 (11/00)