**2001 UNIFORM BUSINESS REPORT (UBR)** 

<del></del>	4 7					
DOCUMENT # P0000000494  1. Entity Name				'	,	
SAN MARINO PARTNERS G.P., INC.					FILED	
Principal Place of Business Mailing Address			<u></u>		01 MAR 23 AM 11:50	
1551 SANDSPUR ROAD MAITLAND FL 32751		1551 SANDSPUR ROAD MAITLAND FL 32751			SECRETARY OF STATE TALLAHASSEE FLORIDA	
					128  128   NH 80  14  20  14  20  14  20  15  20  15  20  15  20  15  20  15  20  15  20  15  20  15  20  15	
2. Principal Place of Business		P.O. BOX 4961		1	A CONTROL THE OFFICE ORDER AND RELEASED BY A SOCIAL PROPERTY OF THE PROPERTY O	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		ORIANDO, FL			4. FEI Number Applied For Not Applicable	
Zip	Country	32802	Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name and Address of Current F				7. Name and Address of New Registered Agent	
B&C CORPORATE SERVICES OF CENTRAL FLORIDA						
390 N. ORANGE AVE., SUITE 1100			Street A	ddress (F	P.O. Box Number is Not Acceptable)	
ORLA	NDO FL 32801			-03/27/0101068006		
			City		****150.世上 *****150.00	
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						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!! FEE After MAY 1, 2001 Fee					10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees	
(See criteria on back)		Make Check Payable		t of State	е	
11.	OFFICERS AND I	DIRECTORS  Delete	12.	DPS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change	
NAME	GINSBURG, ALAN H	Delete	NAME	GIN	SBURG, ALAN H.	
STREET ADDRESS CITY-ST-ZIP	1551 SANDSPUR ROAD MAITLAND FL 32751		STREET ADDRESS CITY-ST-ZIP			
TITLE	MAIILAND FL 32/31	☐ Delete	TITLE	VP	□ Change Addition	
NAME			NAME STREET ADDRESS	501	AKRINO, MICHAEL J.	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	MAT	ARRINO, MICHAELU. I SANDSPUR ROAD TLAND, FL 32751	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
NAME STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	ļ		
TITLE NAME		☐ Delete	TITLE NAME		Change Addition	
STREET ADDRESS			STREET ADORESS		$\mathcal{M}/\mathcal{M} \sim 1$	
CITY-ST-ZIP		— — — — — — — — — — — — — — — — — — —	CITY-ST-ZIP TITLE		Vange ☐ Addition	
NAME		L Delete	NAME		V ( Livering	
STREET ADDRESS			STREET ADDRESS	•	$\smile$	
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify for the	CITY-ST-ZIP	ted in Sec	ction 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated	on this report or supplemental report is	true and accurate and that my	signature shall h	nave the s	ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director.	

13. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes. Floriner certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

PROMITURE AND TYPED OR PRINTED MANE PRAIGHTNO PRICE PROPRIECTOR CE PRES.

3/20/01 407/h

407/741-8500

CR2E0