UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # A96000,000,529 1. Entity Name YARMUTH FAMILY, LTD. | | | | | FILED 03 APR 23 AM 8: 36 | |
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| Principal Place of Business 801 ELIZABETH DRIVE WINTER PARK FL 32789 Mailing Address 801 ELIZABETH DRIVE WINTER PARK FL 32789 | | .— <u>. </u> | | SECNETARY OF STATE TALLAHASSEE FLORIDA | | |
| | | | | | | |
| Principal Place of Business 3. Mailing Address | | | | 423 | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | DUE BY MAY 1, 2003 | | |
| City & State | | City & State | City & State | | 4. FEI Number 59-3373253 Applied For Not Applicable | |
| Zip | Country | Zip | Countr | | 5. Certificate of Status Desired S8.75 Additional Fee Required | |
| | 6. Name and Address of Current I | Registered Agent | | | 7. Name and Address of New Registered Agent | |
| VADAUTU DOREDT M | | | | Name | | |
| YARMUTH, ROBERT N | | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| WINTER PARK FL 32789 | | | | | | |
| | | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE | | | | | | |
| A TOO MADE TO THE TOTAL PROPERTY OF THE PROPER | | | | | | |
| as Shown on record. In FLORIDA to date. /// SEE REVERSE SIDE FOR FEE INFORMATION | | | | | | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. | | | | | | |
| 12. | GENERAL PARTNER INFORMATION | | | | ADDRESS CHANGES ONLY | |
| DOCUMENT # NAME | WINTER PARK FL 32789 | | STREET | T ADDRESS | | |
| STREET ADDRESS | | | CITY-S | ST-ZIP | | |
| CITY-ST-ZIP DOCUMENT # | | | STREET | T ADDRESS | 300016692303 04/23/0301008001 **911.25 | |
| NAME STREET ADDRESS | | | ł | | | |
| CITY-ST-ZIP | | | CITY-S | 51-ZIP | | |
| NAME | 55 | | STREET | T ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-S | ST-ZIP | | |
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| STREET ADDRESS CITY-ST-ZIP | ESS | | | ST-ZIP | | |
| DOCUMENT # | | | STREET | ADDRESS | | |
| NAME STREET ADDRESS | | | CITY-S | ST-ZIP | | |
| CITY-ST-ZIP | partify that the information cumplied with | this filing does not qualify for | the eve= | ntion stated in Co | stion 110.07(2)(i) Florida Statutas I further partifu that the information | |

I nereby 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-14-03

(467) Um -8888 Daylime Phone #