2000 UNIFORM BUSINESS REPORT (UBR) A96000001594 1. Entity Name FILED SECRETARY OF STATE The Pluznick Family Limited Partnership DIVISION OF CORPORATIONS 00 APR 14 AM 8: 59 Principal Place of Business Mailing Address 3211 South Ocean Boulevard, #801 Same Highland Beach, Florida 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Not Applicable 65-0717171 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Miller, Jerome R. Esq. Street Address (P.O. Box Number is Not Acceptable) 1300 North Federal Highway, Suite 107 Boca Raton, Florida 33432 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions \$2,000,000.00 \$10,610,175.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS Pluznick, Selma R. 3211 South Ocean Boulevard STREET ADDRESS FF#506.25 CITY-ST-ZIP Highland Beach, Florida 33487 CITY-ST-ZIP DÖCHMENT # STREET ADDRESS Pluznick-Marrin, Marcy NAME STREET ADDRESS 3844 Willow View Court CITY-ST-ZIP CITY-ST-ZIP Santa Rosa, California 95403 DUCUMENT # STREET ADDRESS Pluznick, Michael NAME STREET ADDRESS 41 West Oak Knoll Drive CITY-ST-ZIP CITY-ST-ZIP San Anselmo, California 94960 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITT-ST-ZIP STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MERCAL PARTNER Dayling Planer 4

CIT: -- T-ZIP

CR2E003 (9/99)