APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) A97000000231 DOCUMENT # 1. Entity Name THE DURRANCE GROVES LIMITED PARTNERSHIP SECRETARY OF STATE Principal Place of Business Mailing Address 3619 COLLEGE HILL ROAD 3619 COLLEGE HILL ROAD BOWLING GREEN FL: 33834:7924: BOWLING GREEN FL 33834 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0763235 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DURRANCE, HUSTON D Street Address (P.O. Box Number is Not Acceptable) 3619 COLLEGE HILL ROAD **BOWLING GREEN FL 33834** Zip Code City 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) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$3,000,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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 13. 12. DOCUMENT # STREET ADORESS DURRANCE, HUSTON D NAME 3619 COLLEGE HILL ROAD STREET ADDRESS -04/14/00--01006--011 CITY-ST-ZIP **BOWLING GREEN FL 33834** *****526 25 *****526 CITY-ST-ZIP DOCUMENT # STREET ADDRESS DURRANCE, MARY LOUISE NAME 3619 COLLEGE HILL ROAD STREET ADDRESS CITY-ST-ZIP **BOWLING GREEN FL 33834** CITY-ST-ZIF DOCUMENT# STREET ADDRESS DURRANCE, DANNY D NAME 3619 COLLEGE HILL ROAD STREET ADDRESS CITY-ST-ZIP **BOWLING GREEN FL 33834** CITY-ST-ZIF DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT# STREET ADDRESS NAME

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 it 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE REQUIRED

Toyle Dunance = 3-14-2000