2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # A97000002424 2003 MAY 14 PM 3:50 EKEN FAMILY, LTD. DIVIDION OF CORPORATIONS MALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 212 OVERLOOK DRIVE 29 E 13TH ST. ST. CLOUD, FL 34769 TEN MILE, TN 37880 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 City & State City & State Applied For 59-7142674 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EKEN, RONALD C 29 E. 13TH ST. Street Address (P.O. Box Number is Not Acceptable) ST. CLOUD, FL 34769 Zip Code B. 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. 9. Capital Contributions 10. Amount of Capital Contributions MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record. \$2,500,000.00 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. 13 DOCUMENT # STREET ADDRESS EKEN, RONALD C TRUSTEE NAME STREET ADDRESS 212 OVERLOOK DRIVE CITY -ST-ZIP 000018944920 TEN MILE, TN 37880 CITY-ST-2IP 05/14/03--01060--016 **526.2S DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY -ST-ZIP CITY-51-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY -ST-ZIP CITY -S1-7/P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CRTY - ST- 7IP CITY -ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-51-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY -ST-7/P 14. I hereby certify that the information supplied with this filling 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 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