2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002317

1. Entity Name

DSPM CONTRACTING JOINT VENTURE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business	Mailing Address
11325 COUNTY ROAD 44 LEESBURG FL 34788	P.O. BOX 490779 LEESBURG FL 34749-0779

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		6262 Greenland Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Jacksonville, FL	
Zip	Country	Zip: 32258	Country: US

4. FEI Number: 59-3535915 — Applied For / Not Applicable

5. Certificate of Status Desired: XX — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUMMERS, GARY L ESQUIRE WILLIAMS, SMITH & SUMMERS, P.A. 380 WEST ALFRED STREET TAVARES FL 32778-3298	Name Street Address (P.O. Box Number is Not Acceptable) 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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $2,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000045436	STREET ADDRESS	
NAME	DSPM CONTRACTING, INC.		
STREET ADDRESS	11325 COUNTY ROAD 44	CITY-ST-ZIP	
CITY-ST-ZIP	LEESBURG FL 34788		
DOCUMENT #		STREET ADDRESS	400003259694--8 -05/19/00--01092--020 ****150.00 ****150.00
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CITY-ST-ZIP			

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

SIGNATURE: SIGNATURE REQUIRED Wayne S. McCall, Secretary 4/24/00 904-886-970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E006 (9/99)