**2000 UNIFORM BUSINESS REPORT** A98000002590 DOCUMENT # FILED 1. Entity Name SECRETARY OF STATE DIVISION OF CORPORATIONS BARGANIER TIMBER ENTERPRISES, LTD. DD SEP -5 AM 10: 02 Principal Place of Business Mailing Address 7518 LOCKSLEY LANE 7518 LOCKSLEY LANE LAKELAND FL 33809 LAKELAND FL 33809 10 1 Sta. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number APPLIED FOR Not Applicable Zip Zip 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 RGANIER BARGANIER, GUY W Street Address (PO. Box Number is Not Acceptable) 7518 LOCKSLEY LANE LAKELAND FL 33809 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. arga SIGNATURE Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$2,400,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION -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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION DOCUMENT # STREET ADDRESS BARGANIER, MARGARET B NAME <del>`-016</del> 107 RIDGE ROAD STREET ADDRESS CITY-ST-ZIP \*\*\*\*935.00 \*\*\*\*935.00 **EUFAULA AL 36027** CITY-ST-ZIP DOCUMENT # STREET ADDRESS BARGANIER, GUY W NAME 7518 LOCKSLEY LANE STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-DOCUMENT # STREET ADDRESS STREET ADVRESS CITY-ST-ZIP 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIZNING GENERAL PARTNER