2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 30, 2000 08:00 AM DOCUMENT # A9900001516 1. Entity Name **Secretary of State** ARBOR OAKS AT GREENACRES, LTD. Principal Place of Business Mailing Address : 360 CENTRAL AVENUE 360 CENTRAL AVENUE ST PETERSBURG ST PETERSBURG FL FL 33701 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3597614 Not Applicable 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 Name DELANO, G. KRISTIN 360 CENTRAL AVENUE Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG 33701 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. 03/30/2000 SIGNATURE 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 STATES 10. Amount of Capital Contributions as Shown on record. 500.00 in FLORIDA to date. 500,00 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS VALAF SYNERGY PARTNERS-GREENACRES INC STREET ADDRESS 2087 ILLINOIS AVENUE NE CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG \mathbf{FL} DOCUMENT # STREET ADORESS 360 CENTRAL AVENUE NAME BKW - GREENACRES INC STREET ADDRESS 360 CENTRAL AVENUE CITY-ST-ZIP ST PETERSBURG 33701 \mathbf{FL} CITY-ST-ZIP ST PETERSBURG FL. DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS VAME

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 or the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes

CITY-ST-ZIP

CERTENIES ISSUED CAN

STREET ADDRESS

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