FILED
03 MAY 22 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000258

1. Entity Name
HUSMANN-PEREZ FAMILY LIMITED PARTNERSHIP

Principal Place of Business
1220 NORTH MARKET STREET, SUITE 700
WILMINGTON, DE 19899-1355

Mailing Address
5309 29TH STREET EAST
ELLENTON, FL 34222

200019682602
05/22/03--01003--009 **526.25

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number N/A — Applied For [ ] Not Applicable [X]

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUSMANN-PEREZ, MARGARET
5309 29TH STREET EAST
ELLENTON, FL 34222

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. ——

11. MAKE CHECK PAYABLE TO FL 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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	HUSMANN-PEREZ, MARGARET 1220 NORTH MARKET STREET, SUITE 700 WILMINGTON, DE 198991355	STREET ADDRESS / CITY-ST-ZIP	
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STAPLE CHECK HERE

CR2E003 (10/02)

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: Margaret Husmann 4/28/03 941-713-1660
Signature and typed or printed name of signing general partner — Date — Daytime Phone #