2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # B98000000069 1. Entity Name FILED THE BREEN FAMILY LIMITED PARTNERSHIP FEB 19 AN 11: 25 Principal Place of Business Mailing Address SECRETARY OF STATE % BRUCE MAC CORKINDALE CPA PC 3080 GRAND BAY BLVD., UNIT 531 TALLAHASSEE, FLORIDA 137 BROADWAY, SUITE H LONGBOAT KEY FL 34228 **AMITYVILLE NY 11701** Principal Place of Business 3. Mailing Address in60 Grand Bar Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE UNIT #163 City & State City & State 4. FEI Number Applied For 58-2260831 Not Applicable 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 BREEN, JAMES J 3080 GRAND BAY BLVD., UNIT 531 **LONGBOAT KEY FL 34228** 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. SIGNATURE 2 ed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 4 Capital Contributions \$2,854,108.00 as Shown on record. 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME Breen, James J 3080 GRAND BAY BLVD., UNIT 537 163 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ONGBOAT KEY FL 34228 DOCUMENT # STREET ADDRESS Breen, Joan F 308T GRAND BAY BLVD., UNIT 521 163 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>ONGBOAT KEY FL 34228</u> DOCUMENT # -STREET ADDRESS NAME ****526.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ANDRESS CITY-ST-ZIP CITY-ST-ZIP DSCUMENT # STREET ADDRESS ΝλΜε STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02/15/01