2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 16, 2001 08:00 AM DOCUMENT# A9600000510 1. Entity Name **Secretary of State** 2301 UNIVERSITY DRIVE, LTD. Principal Place of Business Mailing Address 21301 POWERLINE ROAD, SUITE 207 21301 POWERLINE ROAD, SUITE 207 BOCA RATON BOCA RATON FL 33433 33433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0660468 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GODIN BERNARD Street Address (P.O. Box Number is Not Acceptable) 21301 POWERLINE ROAD, SUITE 207 BOCA RATON FL33433 US Zip Code City 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. 01/16/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE as Shown on record. 600,000.00 in FLORIDA to date. 600,000.00 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 CR2E003 (11/00) DOCUMENT # STREET ADDRESS CGL PARTNERS, INC. NAME STREET ADDRESS 21301 POWERLINE ROAD, SUITE 207 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33433 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 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS 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

01/16/2001

Davtime Phone #

SIGNATURE: Bernard Godfin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER