APPRUVED 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT# 1. Entity Name OLMAY - 1 AMII: 21 11301 U.S. Highway One, Ltd. SEGRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4500 PGA Blvd., Suite 303A 4500 PGA Blvd., Suite 303A Palm Beach Gardens, FL 33418 Palm Beach Gardens, FL 33418 2. Principal Place of Business 3. Mailing Address 4500 PGA Blvd. 4500 PGA Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 207 Suite 207 City & State City & State 4. FEI Number Applied For 65-0930812 Palm Beach Gardens, FL Palm Beach Gardens, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33418 IISA 33418 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Stephanos, Diane L. Stephanos, Diane L. 4500 PGA Blvd., Suite 303A Street Address (P.O. Box Number is Not Acceptable)  $4500\ PGA\ B1vd$  . Palm Beach Gardens, FL 33418 Suite 207 City ZID Code Palm Beach Gardens, 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Fingistared Agent aignature required when reinstating) 112 MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record. \$3,465,000 in FLORIDA to date 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 GENERAL PARTNER INFORMATION 12. CR2E003 (11/00) DOCUMENT # L99000004530 STREET ADDRESS 4500 PGA Blvd., Suite 207 Federal Highway Properties, LLC 4500 PGA Blvd., Suite 303A NAME STREET ADDRESS CITY-ST-ZIP Palm Beach Gardens, FL 33418 Palm Beach Gardens, FL 33418 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 05/17/01--01129--017 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 \* 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 561/691-9050 4/30/01 SIGNATURE: .

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL I ARTNER

Judith M. Galui , Auth. Rep.of Member