2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # A00000000981** 1. Entity Name SOSSO FAMILY ENTERPRISES, LTD. 03 APR 23 AM 9: 36 SEGRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 240 S. PINAPPLE AVENUE **609 LINCOLN ROAD** BRADFORD WOODS, PA 15015 10TH FL SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DUE BY MAY 1, 2003 City & State City & State 4. FEI Number X Applied For 65-109647 Not Applicable Zip Country Ζip 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 MAZZARANTANI, GEORGE H 240 S. PINEAPLE AVE., 10TH FLOOR Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34236 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 Signature, typed or printed name of registered agent and life if applicable. DATE IL MAKE CHECK PAYABLE TO FL. DERT OF STATE 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record. \$600,000.00 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # CRZE003 (10/02) STREET ADDRESS NAUF SOSSO, DANIEL R **609 LINCOLN ROAD** STREET ADDRESS CITY -ST-2IP **BRADFORD WOODS, PA 15015** 400016697424 CITY-ST-ZIP 1147237113---11111111--014 **525.25 DOCUMENT # STREET ADDRESS SOSSO, HELEN V NAME 609 LINCOLN ROAD STREET ADDRESS CITY-ST-ZIP BRADFORD WOODS, PA 15015 City-S1-7P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY -ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-st-ZP CITY -ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - 5T - 2IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-\$1-7/P 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 thue 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 trusted employed to execute this seport as required by Chapter 620, Florida Statutes Daniel R. Sosso, General Partner 4-14-03 724-935-6761 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER