LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001026

1. Entity Name

GILGER INVESTMENTS, LTD.

FILED

03 MAR 31 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2400 SE Federal Highway	2400 SE Federal Highway
Suite, Apt. #, etc.: Fourth Floor	Suite, Apt. #, etc.: Fourth Floor
City & State: Stuart, FL	City & State: Stuart, FL
Zip: 34994 Country: USA	Zip: 34994 Country: USA

DUE BY MAY 1

4. FEI Number: 65-1042741 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kenneth A. Norman

Street Address (P.O. Box Number is Not Acceptable):

2400 SE Federal Highway, Fourth Floor

City: Stuart FL Zip Code: 34994

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: Kenneth A. Norman 3/27/03

Signature of new registered agent and title, if applicable — Date

9. Capital Contributions as Shown on record: 4,962,500.00

10. Amount of Capital Contributions in FLORIDA to date: 4,962,500.00

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

DOCUMENT #	
NAME	GILGER MANAGEMENT, INC.
STREET ADDRESS	2400 SE Federal Highway, Fourth Floor
CITY-ST-ZIP	Stuart, FL 34994
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CR2E003B (12/02)

STAPLE CHECK HERE

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: Kenneth A. Norman POA 2-21-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #