## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** May 01, 2001 08:00 AM A0000001264 DOCUMENT # 1. Entity Name **Secretary of State** R & C ZELLER FAMILY LIMITED PARTNERSHIP, LTD. Principal Place of Business Mailing Address 411 SOUTH COUNTY ROAD, SUITE 200 411 SOUTH COUNTY ROAD, SUITE 200 PALM BEACH FL PALM BEACH 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number $\mathbf{X}$ |Applied For 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 Name ZELLER RONALD JEŚQ. ZELLER Street Address (P.O. Box Number is Not Acceptable) ZELLER & KEIHNER LLP ZELLER & ASSOCIATES LLC 411 SOUTH COUNTY ROAD, SUITE 200 PALM BEACH FL222 LAKEVIEW AVENUE, SUITE 260 33480 US Zip Code City WEST PALM BEACH 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. RONALD J. ZELLER, ESQ. 05/01/2001 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. 500.00 in FLORIDA to date. 500.00 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY CR2E003 (11/00) DOCUMENT # STREET ADDRESS 411 SOUTH COUNTY ROAD, SUITE 200 NAME ARMADA CAPITAL CORPORATION STREET ADDRESS 411 SOUTH COUNTY ROAD, SUITE 200 CITY-ST-ZIP PALM BEACH FI. 33480 CITY-ST-ZIP PALM BEACH FLDOCUMENT # 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

SIGNATURE: Kevin R. Zeller, Vice President MGR 05/01/2001

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