CR2E003 (11/00)

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A00000001544 1. Entity Name FILED USA BUSINESS SERVICES LIMITED PARTNERSHIP MAY 1.8 AM 11: 29 Principal Place of Business Mailing Address 3910 COUNTRY CLUB BLVD 3910 COUNTRY CLUB BLVD ECRETARY OF STATE CAPE CORAL FL 33904 CAPE CORAL FL 33904 ALLAHASSEE, FLORIDA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KKOHL, ETTA Street Add (P.O. Box Number is Not Acceptable) 3910 COUNTRY CLUB BLVD CAPE CORAL FL 33904 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$99.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record 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 P97000107221 DOCUMENT # STREET ADDRESS CALLA LILY INC NAME 3910 COUNTRY CLUB BLVD STREET ADDRESS CITY-ST-7IP 100004417801---06/13/01 -01059 -018 CITY-ST-ZIP CAPE CORAL FL 33904 **DOCUMENT #** ****150.00 STREET ADDRESS ****150,00 NAME 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 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. I here by 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jalla Fily Ja. 04-15-01

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