| DOCUMENT # A0000001545 | | | | | | | FILED | | Ş |
|--|---|---|--|----------|--|---|---|--|---|
| MATSCO FAMILY LIMITED PARTNERSHIP | | | | | | 02.1 | 02 JAN 10 PM 1:49 | | |
| Principal Place of Business 7910 N. UPPER RIDGE DRIVE PARKLAND FL 33067 | | | Mailing Address 7910 N. UPPER RIDGE DRIVE | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| | Place of Business | · [: | PARKLAND FL 33067 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | DUE BY MAY 1, 2002 | | | |
| City & State | | | City & State | | | 4. FEI Number 65-1048607 Applied For | | | |
| Zip | Zip Country | | Zip Count | | ry 5. Certifica | | of Status Desired | Not Applicable 8.75 Additional ea Required | |
| | 6. Name and Address of Current Registered Age | | | Agent | | 7. Name and Address of New Registered Agent | | | |
| WHEELER, RODNEY SCOTT | | | | | Name | | | | |
| 7910 N. UPPER RIDGE DRIVE | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| PARKLAND FL 33067 | | | | | | | | | |
| | | | | | City | | FL | Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its reg | | | | | ed office or registe | ered agent, or both | , in the State of Florida. | | |
| SIGNATURE | Signature, typed or pri | nted name of registered agent and ti | tle if applicable. | | - 10 | ,, <u>,</u> _ | DATE | | |
| 9. Capital Contributions as Shown on record. \$2,300,000.00 10. Amount of Capital in FLORIDA to da | | | | | butions | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | | | |
| | A GEN | ERAL PARTNER THA | T IS A BUSINESS EN | TITY M | UST BE REGIS | STERED AND A | CTIVE WITH THIS OFFICE | | |
| NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION | | | | | , an amenume | ADDRESS CHANGES ONLY | | | |
| DOCUMENT # P00000091252 NAME MATSCO, CORP. | | | STREET | | ET ADDRESS | | | 100 | |
| STREET ADDRESS CITY-ST-ZIP | EET ADDRESS 7910 N. UPPER RIDGE DRIVE | | | CITY-S | | | | 361-9 | 3 |
| DOCUMENT # NAME | | | | STRE | ET ADDRESS | | 990047763 -01/15/0201 ****526 25 | 315 1 3 8 070014 9 ****500 05 | ל |
| STREET ADDRESS City-St-Zip | | | | CITY- | -ST-ZIP | | | ***** | |
| DOCUMENT # NAME | | | | STREI | ET ADDRESS | | | | |
| STREET ADDRESS- CITY-ST-ZIP | | | | CITY- | -ST-ZIP | | _ | | |
| DOCUMENT # NAME | | | | STREE | ET ADORESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | CITY- | -ST-ZIP | | | | |
| DOCUMENT # NAME | | | | STREE | ET ADDRESS | | | | |
| STREET ADDRESS CITY-S1-ZIP | | | | CITY- | ·ST-ZIP | | | | |
| DOCUMENT# NAME | | | | STREE | ET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | ST-ZIP | | | | |
| I hereby c indicated | ertify that the info on this report is t | ormation supplied with this rue and accurate and that | filing does not qualify for my signature shall have to | the exen | mption stated in Se legal effect as if r | ection 119.07(3)(i), | Florida Statutes. I further certify hat I am a General Partner of the | that the information | |

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _

SIGNATURS STEELED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/7/02 (954)75T-7343