2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A0000001900 1. Entity Name FILED THE HARTZELL FAMILY LIMITED PARTNERSHIP JUN 15 PH 12:31 incipal Place of Business the AVENUCLUM 3741 NE 29 TUANS
1941 NE 29 TUANS SECRETARY OF STATE TALLAHASSEE, FLORIDA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State **FELNumbe** Applied For Zip Not Applicable Country Country \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent phen K. Ponlman Name NE 29th Avenue Street Address (P.O. Box Number is Not Acceptable) inthouse Point R 33064 City Zip Code FI 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. of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Capital Contributions .10. Amount of Capital Contribution 130,000 as Shown on record. MAKE CHECK PAYABLE TO DEPT OF STATE 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. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS 06/21/01--01004--026 CITY-ST-7/P CITY-ST-ZIP ****526,25 ****526.25 DOCUMENT # -NAME STREET ADDRESS STREET ADDRESS CITY-ST-MP CITY-ST-ZIP DOCUMENT. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME .* STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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: