2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

> Mailing Address C/O JEAN E. ROBSON

## DOCUMENT # A0100000017

1. Entity Name

Principal Place of Business C/O JEAN E. ROBSON

EHRKE FAMILY INTERESTS, LTD.



SECRETARY OF STATE VISION OF CORPORATIONS

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4630 MEADOWLARK LANE 4630 MEADOWLARK LANE **BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436** 2. Principal Place of Business 3. Mailing Address ROBERT D. CHAPIN. ESO. 1201 GEORGE BUSH BLD. Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State Applied For 4. FEI Number APPLIED FOR DELRAY BEACH, 65–106563 FLNot Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33483 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERT D. CHAPIN CAPIN, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 1201 GEORGE BUSH BLVD. **DELRAY BEACH FL 33483** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL, DEPT. OF STATE \$3,526,527.00 in FLORIDA to date. \$2,922,060.00 as Shown on record. 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 ADDRESS CHANGES ONLY 12. 13. C/O ROBERT D. CHAPIN, ESQ. P01000001055 DOCUMENT / STREET ADDRESS EHRKE GP. INC. 1201 GEORGE BUSH BLVD. 4830 MEADOWLARK LANE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 BOYNTON BEACH FL 33436 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 1000143845 03/20/03--01004--009 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

I hereby certify that the information supplied with this filling 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:

SIGNOSTALE BEQUIRED

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-11-03

832-668-70-44

CR2E003 (10/02)