FILED

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A0100000764 03 MAR 20 AM 9: 32 1. Entity Name HOBBY FAMILY LIMITED PARTNERSHIP, LLP SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 2330 PINELLAS POINT DRIVE SOUTH St. Peterburg, FL 22212 33 705 2330 PUNETERS FOUNT DRIVE COUTH ST. PETERBURG, FL 33712 33705 1537 CORAL WAYS 537 CORMWAY S 3. Mailing Address 2. Principal Place of Business 1537 CORAL WAY Suite, Apt. #, etc. SOUTH 1537 CORAL WAY SOUTH Suite, Apt. #, etc. DUE BY MAY 1, 2003 Applied For City & State ST PETERSBURG FL City & State ST PETERSBURG FL 59-3280305 Not Applicable \$8.75 Additional Fee Required Country Zip Ζiρ 5. Certificate of Status Desired USA 33705 USA 33705 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent ROYCE HOBBY Street Address (P.O. Box Number is Not Acceptable) HOBBY, ROYCE 2330 PINELLAS ROIME DRIVE SOUTH ST. PETERBURG, FL -307 12 CORM WAYS 1537 CORAL WAY SOUTH ST PETERSBURG 8. The above pared 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, by Gen. Pantier KogéE MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions SEE REVERSE/SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. \$534,000.00 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 ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. CRZE003 (10/02) DOCUMENT # STREET ADDRESS 1537 CORAL WAY SOUTH HOBBY, ROYCE TRUSTEE 2330 PINELLAS POINT BRIVE SOUTH STREET ADDRESS CITY - 51 - 21P ST. PETERBURG, FL 33742 FL 33705 ST PETERSBURG, CITY-ST-ZIP DOCUMENT (STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS HAME STREET ADDRESS City - St - 28 CITY -51-21F 300014311103 03/18/03--01021--017 **52 DOCUMENT # STREET ADDRESS MALES 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 - 2IP City St-2P 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 employment to execute this report as required by Chapter 620, Florida Statutes Hobby Partner 11MARO3

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

| BOOCH IN THE COURT OF THE COURT | |
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| 1. Entity Name HOBBY FAMILY LIMITED PARTNERSHIP, LI | LF |

Principal Place of Business 2330 PINELLAS POINT DRIVE SOUTH ST. PETERBURG, FL. 33712

Mailing Address

2330 PINELLAS POINT DRIVE SOUTH ST. PETERBURG, FL 33712

| Suite, Apt. # | CORAL WAY SOUTH ,etc. TERSBURG FL Country | Suite, Apt. #, etc. City & State ST PETERSE Zip 33705 | BURG FL Country USA | 4. FEI Number 59-3280305 | ¥ 1 2603 | Applied For Not Applicable 8.75 Additional Required |
|---|---|--|--|--|---|--|
| ST. PETERE | | | 153 | CE HOBBY S (P.O. Box Number is Not Acceptable TORALWAY YSOU PETERSBURG | e) TH | Zip Code 3 3 7 0 5 |
| 9. Capital Con | n record. \$534,000.00 | 10. Amount of Capita in FLORIDA to de HAT IS A BUSINESS EN Y NOT be changed on the | ate. TITV MUST RE REGI | | SE SIDE FOR I IIS OFFICE. Jeneral partr | O FLE DEPTE OF STATES FEE (INFORMATION) |
| STREET ADDRESS | HOBBY, ROYCE TRUSTEE 2830 PINEMAS POINT BRIVE S ST. PETERBURG, FL 33742 | 1537 (ARA) 33705 | STREET ADDRESS CITY - ST - ZIP STREET ADDRESS CITY - ST - ZIP | 1537 CORAL WAY | | 705 |
| CITY-ST-2IP DOCUMENT / NAME STREET ADDRESS CITY-ST-2IP DOCUMENT / NAME | | | STREET ADDRESS CITY - ST - ZIP STREET ADDRESS | | | |
| STREET ADDRESS CITY-ST-2IP DOCUMENT F NAME STREET ADDRESS CITY-ST-2IP | | | CITY - ST-2IP STREET ADDRESS CITY - ST-2IP | | | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST-ZIP | pertify that the information supplied with | this filling does not qualify fo | STREET ADDRESS City-s1-2iP If the exemption stated in | Section 119.07(3)(I), Florida Statutes. | . I further certif | y 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 the receiver or trustee empowered to execute this report as required by Chapter 520, Florida Statutes

PARTMAN [1 MANOS (727) 865-662]