2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)** A01000001196 **DOCUMENT #** 1. Entity Name **BREDEL REALTY LIMITED PARTNERSHIP** 03 MAY -1 PM 2:50 SECRETARY OF STATE Principal Place of Business Mailing Address 2736 MCCORMICK DRIVE. SUITE 102 % TEMPLE H. DRUMMOND, ESO. CLEARWATER FL 33759 PO BOX 3273 TAMPA FL 33601-3273 2. Principal Place of Business 3. Mailing Address 1300 N Westshore Blud **DUE BY MAY 1, 2003** Applied For City & State 4. FEI Number State 59-3749488 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE LAW OFFICES OF CHRISTOPHER P. CALKIN Street Address (P.O. Box Number is Not Acceptable) WESTSHORE CENTER 1715 N. WESTSHORE BLVD., SUITE 918 **TAMPA FL 33607** Zip Code 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. 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 11. MÄKË CHECK PAYABLE TO FL, DEPT. OF STATE 10. Amount of Capital Contributions \$9,900.00 in FLORIDA to date. \$ 9 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY P01000055878 DOCUMENT # STREET ADDRESS BREDEL HOLDINGS, INC. NAME 2637 MCCORMICK DR., #103 STREET ADDRESS

CITY-ST-ZIP **CLEARWATER FL 33759** CITY-ST-7IP DOCUMENT # STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # 300017845263 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 rue 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 employered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OF SIGNATURE OF SIGNING GENERAL PARTNER

4/28/03 (413)490-8500

Daytime Phone #

CR2E003 (10/02)