Due By May 1, 2004

SIGNATURE:

FILED DOCUMENT # A01000001458 Apr 22, 2004 08:00 AM Secretary of State GARFIELD INVESTMENT PARTNERSHIP, LTD. Principal Place of Business Mailing Address 731 MANATEE COVE 731 MANATEE COVE INDIAN RIVER SHORES, FL 32963 INDIAN RIVER SHORES, FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 65-1151891 Not Applicable Zip Country 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 GARRIS, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 817 BEACHLAND BOULEVARD VERO BEACH, FL 32963 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. DATE 10. Amount of Capital Contributions in FLORIDA to date. 75, 320, 577 9. Capital Contributions \$5,320,577.00 #526.25 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. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY P01000105625 DOCUMENT# STREET ADDRESS THE GARFIELD MANAGEMENT COMPANY, INC. NAME 731 MANATEE COVE STREET ADDRESS CITY - ST - ZIP CITY-ST-21P INDIAN RIVER SHORES, FL 32963 UCOOCO139938 DOCUMENT# STREET ADDRESS 04/29/04-80142-008 526.25 NAME STREET ADDRESS CITY ST-ZIP CITY - ST - ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-78P DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-71P DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY- ST- 7IP CITY-ST-ZIP 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