LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # A01000001612 02 MAR 11 PM 3: 44 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA WDT PARTNERS, LLLP DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 10550 Baymeadows Road, #701 Same Suite, Apt. #, etc. Suite, Apt. #, etc. ADUE BY MAY 1.6 City & State City & State 4. FEI Number Applied For Jacksonville, FL 32256 31-1815941 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent Todd Watson, Attorney at Law DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 7785 Baymeadows Way, Suite 107 IN THIS SPACE Zip Code 32256 Jacksonville 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record. 1000'000'0c 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. GENERAL PARTNER INFORMATION 12 CR2E003B (12/01 DOCUMENT # Donald W. Thomas, General Partner STREET ADDRESS NAME 10550 Baymeadows Road, #701 STREET ADDRESS CITY-ST-ZIP Jacksonville, FL 32256 CITY+ST-7IP DOCUMENT # STREET ADDRESS NAME . . STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # IN THIS SPACE STREET ADDRESS NAME 11 8 STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUME/S STREET ADDRESS 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 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

ED NAME OF SIGNING GENERAL PARTNER

(904) 641-2424

Daytime Phone

2/26/02