LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # A0100001650 1. Entity Name 02 MAR 15 AM 9: 34 JHP REAL ESTATE PARTNERSHIP, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 9205 N CONNECHUSETT RD 9205 N. CONNECHUSETT RD. Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1** City & State City & State 4. FEi Number Applied For TAMPA, FL IAMPA-FL-Not Applicable Zip 33617 Country \$8.75 Additional 33617 5. Certificate of Status Desired П Fee Required 7. Name and Address of Current Registered Agent JHP REAL ESTATE MANAGEMENT DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 9205 N CONNECHUSETT RD TAMPA 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 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE as Shown on record 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. 12. GENERAL PARTNER INFORMATION DOCUMENT # CR2E003B (12/01) STREET ADDRESS NAME JHP Rome Compres MANAGEMENT, INC. 9205 N. CONNECHUSETT RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33617 200005145848-DOCUMENT # -03/22/02--01035--004 STREET ADDRESS NAME ****141.25 ****141.25 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 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRÉSS 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

SIGNATURE: JAP MANAGEMENT, INC BY Michael Growing, President 3/9/02 (813)988-917)