## LIMITED PARTNERSHIP

| U  | NIFORM BUSINE  | :55 KEPOR                                  | KT (U         | BR)   |  |   |                               |  |
|--|--|--|---------------|---|--|---|-------------------------------|--|
| DOCUMENT # A0100001677  1. Entity Name   |  |  |               |   | 1.75<br>1.75                               | FILED   | LE                            |  |
| FDS INVESTMENTS, LTD.  |  |  |               |   | 02   | APR 25 PM 3: 0  | 4                             |  |
|  | DO NOT WRITE   | IN THIS S                                  | SPAC          | <b>E</b>  | SEC<br>TALL                                | RETARY OF STATE<br>AHASSEE, FLORID                                | :<br><b>A</b>                 |  |
| 2. Principal Place of Business FIRST UNION NATIONAL BANK 3. Mailing Address 1819 MAIN STRE |  |  | DEFT          | 1   |  | DO NOT WRITE IN THIS SPACE  |                               |  |
| Suite, Apt. #, etc. SUITE 230 City & State   |  | Suite, Apt. #, etc. SUITE 230 City & State |               |   | DUE BY MAY 1                               |   |                               |  |
|  |  | SARASOTA, FL 34236                         |               |   | 4. FEI Number                              |   | X Applied For Not Applicable  |  |
| Zip Country  |  | Zip<br>- 34236                             | ,             |   | 5. Certificate o                           | 5. Certificate of Status Desired   \$8.75 Additional Fee Required |                               |  |
|  |  |  |               | Name  | 7. Name and Ad                             | dress of Current Registere  | i Agent                       |  |
| DO NOT WRITE   |  |  |               | KIRK PI   | PINKERTON, ATTN: DAVID M. SILBERSTEIN      |   |                               |  |
|  |  |  | <u> </u>      | -Street Address 720 SOU   | ss (P.O. Box Number<br>ITH_ORANGE_A        | is Not Acceptable)  |                               |  |
| 7  | IN THIS SP   | ACE  |               | ļ.  |  |   |                               |  |
|  |  |  |               | City<br>SARASOT   | 'Δ   | FL  | Zip Code<br>34236             |  |
| 8. The above   | named entity submits this statement for                | r the purpose of changing                  | its registere |   |  | in the State of Florida.  | 1 34230                       |  |
|  |  |  |               |   |  | ·   |                               |  |
| SIGNATURE .  | Signature, typed or printed name of registered agent a | and title if applicable.                   |               | · · · · · · · · · · · · · · · · · · ·   | <del></del>                                | DATE  |                               |  |
| 9. Capital Contributions as Shown on record. \$2,455,745.00 as Shown on record.            |  |  | pital Contril | Contributions  11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$2,455,745.00  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |  |   |                               |  |
| as onewit  | A GENERAL PARTNER T                                    | HAT IS A BUSINESS E                        | ENTITY M      | UST BE REGI   | ISTERED AND AC                             | TIVE WITH THIS OFFICE   |                               |  |
| 40   | NOTE: General Partners MA                              | Y NOT be changed on                        | the form      | ; an amendm   | ent must be filed                          | to change a general par   | tner.                         |  |
| 12.  | GENERAL PARTNER  | INFORMATION                                | <b></b>       | 13.   |  |   |                               |  |
| NAME   | L01000022399 FDS INVESTMENTS, LLC                      |  | STRE          | STREET ADDRESS  |  |   |                               |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 1819 MAIN STREET, SUITE 230                            |  | CITY          | -ST-ZIP   | 40000054811845                             |   |                               |  |
| DOCUMENT #   | SARASOTA, FL 34236                                     |  |               | <u> </u>  | -05/07/0201053025<br>****526.25 ****526.25 |   | 1845<br>1053025<br>****528-25 |  |
| NAME   |  |  | STRE          | ET ADDRESS  |  |   |                               |  |
| STREET ADDRESS CITY_ST-ZIP   |  |  | CITY          | ·ST-ZIP   |  |   |                               |  |
| DOCUMENT #<br>NAME   |  |  | STRE          | ET ADDRESS  |  |   |                               |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |  | CITY-         | ST-ZIP  | DC   | NOT WRI   | TE                            |  |
| DOCUMENT #   |  |  | STREI         | ET ADDRESS  |  | THIS SPACE  |                               |  |
| NAME<br>SIREET ADDRESS   |  |  |               | 1   | , , , , , , , , , , , , , , , , , , ,      | THO OIM   |                               |  |
| CITY-ST-ZIP  |  |  | City-         | ST-ZIP  |  |   | ,                             |  |
| DOCUMENT #<br>NAME   |  |  | STREE         | T ADDRESS   |  |   |                               |  |
| STREET ADDRESS   |  |  | OTT           | CT 700  |  |   |                               |  |
| CITY-ST-ZIP  |  | ····                                       | ÇITY-         | ST-ZIP  |  |   |                               |  |
| DOCUMENT # }<br>NAME   |  |  | STREE         | T ADDRESS   |  |   |                               |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |  | CITY-         | ST-ZIP  | ,    |   |                               |  |
| 14. I hereby co  | ertify that the information supplied with t            | his filing does not qualify f              | for the exen  | ption stated in S   | Section 119.07(3)(i),                      | Florida Statutes. I further cert                                  | fy 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 empowers required the partner of the limited partnership or the receiver or trustee empowers required to the limited partnership or the receiver or trustee empowers required to the limited partnership or the receiver or trustee empowers required to the limited partnership or the receiver or trustee empowers required to the limited partnership or the receiver or trustee empowers required to the limited partnership or the receiver or trustee empowers required to the limited partnership or the receiver or trustee empowers required to the limited partnership or the receiver or trustee empowers required to the limited partnership or the receiver or trustee empowers required to the limited partnership or the receiver or trustee empowers required to the limited partnership or the receiver or trustee empowers required to the limited partnership or the receiver or trustee empowers required to the limited partnership or the receiver or trustee empowers required to the limited partnership or the receiver or trustee empowers required to the limited partnership or the receiver or trustee empowers required to the rec

SIGNATURE:

4/22/02 941-361-5810