2003 LIMITED PARTNERSHIP UNIFÖRM BUSINESS REPORT (UBR)	
DOCUMENT # A0200000108 1. Entity Name THE CJB FAMILY LIMITED PARTNERSHIP NO. 2	

FILED 03 JAN 24 AM 11: 12 Principal Place of Business 201 S.E. 24TH AVENUE Mailing Address 201 S.E. 24TH AVENUE SECRETARY OF STATE TALBAHASSEE, FLORIDA POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. · Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip _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 WITTE, LARRY F ESQUIRE 201 S.E. 24TH AVENUE Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062 City Zip Code 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. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$1,212,656.00 212,656.00 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 ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS BORG, JEROLD A NAME 1480 CRESS CREEK COURT STREET ADDRESS CITY-ST-ZIP NAPERVILLE IL 60563 CITY-ST-ZIP 000010704810 01/24/03--01103--010 **526.25 DOCUMENT # STREET ADDRESS BORG, CORRINE B NAME STREET ADDRESS 1480 CRESS CREEK COURT CITY-ST-ZIP NAPERVILLE IL 60563 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # M THOMAS STREET ADDRESS NAME

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

CR2E003 (10/02)