**2003 LIMITED PARTNERSHIP** 

STAPLE CHECK HERE

| DOCUMENT # A0200000153  1. Entity Name BROWNING OF CENTRAL FLORIDA, LTD.  |   |                        |   |   |                         |                                       | 03  | FILE!           | 1 1        |             |    |
|---|---|------------------------|---|---|-------------------------|---------------------------------------|---|-----------------|------------|-------------|----|
| Principal Place of Business<br>1940 FAIRVIEW SHORES DRIVE<br>ORLANDO FL 32804   |   |                        | Mailing Address<br>1940 FAIRVIEW SHORES DRIVE<br>ORLANDO FL 32804 |   |                         |                                       | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA  |                 |            |             |    |
|   |   |                        | To Malling Address  |   |                         |                                       |   |                 |            |             |    |
| 2. Principal Place of Business  |   |                        | 3. Mailing Address  |   |                         | ļ                                     |   |                 |            |             |    |
| Suite, Apt. #, etc.   |   |                        | Suite, Apt. #, etc.   |   |                         |                                       | DUE BY MAY 1, 2003  |                 |            |             |    |
| City & State  |   |                        | City & State  |   |                         | - 4                                   | , FEI Number  | <del></del>     |            | Applied Fo  |    |
| Zip   | Zip Country   |                        | Zip   | Countr  |                         |                                       | 5. Certificate of Status Desired Search Search Search Status Desired Fee Required |                 |            |             |    |
|   | 6. Name   | and Address of Current | Registered Agent  |   |                         |                                       | . Name and A  | ddress of New f |            | <del></del> |    |
| B&C COR<br>390 NORT<br>ORLANDO  |   | Street Add             |   | ess (P.O. Box Number is Not Acceptable)  Fairview Shores Dr.  Jando FL Zip Code 32804 |                         |                                       |   |                 |            |             |    |
| 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   |   |                        |   |   |                         |                                       |   |                 |            |             |    |
| 9. Capital Contributions as Shown on record.  \$5,600,000.00  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO FL. DEPT, OF STATE SEE REVERSE SIDE FOR FEE INFORMATION  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.   |   |                        |   |   |                         |                                       |   |                 |            |             |    |
|   | e form  | ; an amen              | dment n   | ust be filed  | to change a g           | eneral partr                          |   |                 |            |             |    |
| DOCUMENT #  | <u> </u>  | GENERAL PARTNER        | RINFORMATION  | 13.   | <del></del>             |                                       |   | ADDRESS CH      | ANGES ONLY |             | {; |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | BROWNING, GERTRUD TRUSTEE<br>1940 FAIRVIEW SHORES DRIVE<br>ORLANDO FL 32804 |                        |   |   | EET ADDRESS (* '-ST-ZIP | <del></del> ,                         | 500018003465<br>05/05/0301037025 **141.25   |                 |            |             |    |
| DOCUMENT #  |   |                        |   | STRI  | EET ADDRESS             |                                       |   |                 | 1          |             |    |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 1   |                        |   |   | -ST-ZIP                 | · · · · · · · · · · · · · · · · · · · | <del></del>   |                 |            |             |    |
| DOCUMENT #  |   | <del></del>            |   | STRE  | EET ADDRESS             |                                       |   |                 |            |             |    |
| STREET ADORESS<br>CITY-ST-ZIP   |   |                        |   | CITY  | -ST-ZIP                 |                                       |   | ·· — — — —      | 5          |             |    |
| DOCUMENT #  |   |                        |   | STRE  | EET ADDRESS             |                                       |   |                 | ·          |             |    |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |                        |   | CITY  | -ST-ZIP                 |                                       |   |                 |            |             |    |
| DOCUMENT #<br>NAME  |   |                        |   | STRE  | ET ADDRESS              |                                       |   |                 | ,          |             |    |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |                        |   | CITY  | -ST-ZIP                 |                                       |   |                 |            |             |    |
| DOCUMENT #<br>NAME  |   |                        |   | STRE  | ET ADDRESS              |                                       |   |                 |            |             |    |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |                        |   |   | -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 |   |                        |   |   |                         |                                       |   |                 |            |             |    |