2003 LIMITED PARTNERSHIP

UNIFORM BUSINESS REPORT (UBR A02000000854 **DOCUMENT #** 1. Entity Name ARTHUR E. DIAMOND, LTD. 04 APR 30 AM 8: 02 -SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 1807 CRANE CREEK BLVD. Mailing Address 1807 CRANE CREEK BLVD. MELBOURNE FL 32940 MELBOURNE FL 32940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1-2003 City & State City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired siered Ageni Name and Address of New Registered Agent DIAMOND, ARTHUR E. Name 1807 CRANE CREEK BLVD. Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32940 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 10. Amount of Capital Contributions \$9,900 9. Capital Contributions \$9,900.00 11: MAKE;CHECK:PAYABLE;TO(FD. DEPT:OF STATE)
SEE REVERSE;SIDE;FOR:FEE;INFORMATION as Shown on record. 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 # ADDRESS CHANGES ONLY NAME DIAMOND, ARTHUR E STREET ADDRESS CR2E003 (10/02) 1807 CRANE CREEK BLVD. STREET ADDRESS MELBOURNE FL 32940 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS City-St-Zip CITY-ST-2IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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:

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