| UN   | <b>IFORM</b>                           | BUSINE  | SS F                                  | REPORT            | Γ (U    | JBR)  |   | •  | •                          |   |              |            |
|--|--|---|---------------------------------------|-------------------|---------|---|---|--|----------------------------|---|--------------|------------|
| DOCUMENT # A0200001419  1. Entity Name M&W PERDUE, LTD.                              |  |   |                                       |                   |         |   |   | FILED<br>2003 APR 23 AM 9: 25                          |                            |   |              |            |
| FORT WALTON  | FOSTER DRIVE, STE, 1014 BEACH FL 32547 | Mailing Address<br>C/O W. SCOTT FOSTER<br>909 MAR WALT DRIVE. STE. 1014<br>FORT WALTON BEACH FL 32547 |                                       |                   |         |   | DIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA |  |                            | ONS<br>DA                                   |              |            |
| Principal Place of Business     3. Mailing Address                                   |  |   |                                       |                   |         |   |   |  |                            | !!! <b>##</b> !!! <b>##</b> !!! <b>##</b> ! |              | -          |
| Suite, Apt. i  | #, etc.                                | Suite, Apt. #, etc.   |                                       |                   |         | DUE BY MAY 1, 2003                                  |   |  |                            |   |              |            |
| City & State   | •                                      | City & State  |                                       |                   |         | 4. FEI Number Applied For 04–3718368 Not Applicable |   |  |                            |   |              |            |
| Zip  | Zip Country                            |   |                                       | Zip Coun          |         |   |   | 5. Certificate of Status Desired See Required          |                            |   |              |            |
| 6. Name and Address of Current Registered Agent                                      |  |   |                                       |                   |         | 7. Name and Address of New Registered Agent         |   |  |                            |   |              |            |
| WATSON, H. JOE   |  |   |                                       |                   |         | Name William Scott Foster                           |   |  |                            |   |              | _          |
| 2583 HUNTCLIFF LANE  |  |   |                                       |                   |         | Street Add  | dress (P<br>ar Wa                             | P.O. Box Number is Not Acceptable)<br>[alt Drive #1014 |                            |   |              |            |
| PANAMA CITY FL 32405   |  |   |                                       |                   |         |   |   | ,  |                            |   |              |            |
|  |  |   |                                       |                   |         | City Fort Walton Beach FL Zip Code 325              |   |  |                            |   |              |            |
| 8. The above   | named entity sub                       | mits this statement fo  | r the purpose                         | e of changing its | egistor |   |   |  |                            | orida. I am far                             | niliar with, | and accept |
| ,  | ons of registered                      | agent.  | <b>→</b>                              | 1/9-              |         |   |   |  |                            |   |              | į          |
| SIGNATURE -  | Signature, typed or print              | ted name of registered agent a  | and title if applical                 | ble.              |         |   |   |  |                            | DATE  |              |            |
| 9. Capital Contributions as Shown on record.  10. Amount of Capita in FLORIDA to day |  |   |                                       |                   |         |   |   |  | 11. MAKE CHEC<br>SEE REVER | K PAYABLE TO<br>SE SIDE FOR I               |              |            |
|  |  | ERAL PARTNER T  |                                       |                   |         |   |   |  |                            |   |              |            |
| 12.  | 13.                                    | orm; an amendment must be filed to change a general partner.  ADDRESS CHANGES ONLY                    |                                       |                   |         |   |   | <u></u>  |                            |   |              |            |
| DOCUMENT #   | PERDUE, VERNON WAYNE                   |   |                                       |                   | STRE    | ET ADDRESS  |   |  | <del></del>                |   |              |            |
|  |  | T DRIVE, STE. 101<br>I BEACH FL 32547   |                                       |                   | CITY    | -ST-ZIP   |   | 400016810694   |                            |   |              |            |
| DOCUMENT #   | PERDUE, MAR                            |   | STRE                                  |                   |         | 04/23/0301061019 **141,25                           |   |  | 5                          |   |              |            |
| STREET ADDRESS   | 909 MAR WAL                            | T DRIVE, STE. 1014<br>BEACH FL 32547  |                                       | c                 |         | -ST-ZiP   |   |  |                            |   |              |            |
| DOCUMENT #   | <del></del>                            |   |                                       | <u> </u>          | STRE    | et address  |   |  |                            | <del></del>                                 | * <u></u>    |            |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |   |                                       |                   | CITY    | -ST-ZIP   |   |  |                            |   |              |            |
| DOCUMENT #   | <del></del>                            | ,   |                                       |                   | STRE    | ET ADDRESS  |   |  |                            |   |              |            |
| STREET ADDRESS<br>CITY-ST-ZIP  |  | •   |                                       |                   | CITY    | -ST-ZIP   |   |  |                            |   |              |            |
| DOCUMENT #   |  |   | · · · · · · · · · · · · · · · · · · · |                   | STRE    | ET ADDRESS  |   |  |                            |   |              |            |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |   |                                       |                   | CITY    | -ST-ZIP   |   |  |                            |   |              |            |
| DOCUMENT #   |  |   |                                       |                   | STRE    | ET ADDRESS  |   | <del></del>  |                            |   |              |            |
| STREET ADDRESS   |  |   |                                       |                   | AIT     | T   |   |  |                            |   |              |            |

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:

CITY ST-ZIP,