2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A04863 SECRETARY OF STATE DIVISION OF CORPORATIONS FIVE POINTS BUILDING LIMITED 00 APR 12 AM 9: 45 13201 NW GAINGS VILLE BD REDDICK FL 3168C 3. Mailing Address
13201 NW CHINES VILLERO DO NOT WRITE IN THIS SPACE City & State

REDDICK FL,

Zip 32696

Country

Country

Sign 3 2 6 8

6. Name and Address of Current Registered Agent

COULD City & State REDDICK FLORIDA 4. FEI Number 59-1735354 Applied For Not Applicable Country
U, S, A, \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent

Name RAYMOND I DWYER

MELBOURNE BEACH FL. City REDDICK 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 9. Capital Contribution. 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # JAMES N COLE 380 HIAWATHA WAY MELBOURNE FL 32951 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # **800003228108-**-3 RALMOND I DWYER

13201 NW GAINGS VILLE AD

REDDICK I-L, 32686 STREET ADDRESS NAME STREET ADDRESS ****368.75 ****368.75 CITY-ST-ZIP CITY-ST-ZIP CLIFFORD BUSEL WOLDS.
700 W. TROPICAL WAY
PLANTATION FL. 333 DOCUMENT # STREET ADDRESS NAME_ STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 STREET ADDRESS CITY-ST-7IP CITY," ST-ZIP

14. Thereby 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 Chanter 620, Florida Statutes

SIGNATURE:

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

13201 NW 64MBSULLE 10

JAMES M. COLE 380 HIAWATHA WAY

| LUMENT OF SIGNING CENTRAL PARTNER

4/11/2000 352 591 0183