2000 UNIFORM BUSINESS REPORT (UBR) **FILED** A04883 **DOCUMENT#** May 02, 2000 8:00 am Secretary of State 1. Entity Name REYCO NO. 2., LTD. Mailing Address Principal Place of Business -2007 BAY TO BAY BLVD., #200 -2907 BAY TO BAY BLVD: #200 TAMPA PL 33607-5955 **TAMPA-FL-33629** 2. Principal Place of Business 3. Mailing Address 7650 Courtin 7650 Courtne DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 1120 1120 Applied For City & State City & State 4. FEI Number 59-1743086 Not Applicable a Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 3360 60 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRUSEN, W. A. JR. Street Address (P.O. Box Number is Not Acceptable) -2007 BAY TO BAY BLVD. #200-Continy Campbel **TAMPA-FL-33629** 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 W. A. Knorn 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$110,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. 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 12. M80265 DOCUMENT# STREET ADDRESS GENERAL MANAGEMENT & DEVELOPMENT CORP. NAME 2907 BAY TO BAY BLVD., #200-STREET ADDRESS CITY-ST-ZIF TAMPA FL 33629-CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 600003284096 CITY-ST-ZIP -06/12/00==-01007=-024 DOCUMENT# ****526/525/~ ****526: 25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NASAF STREET ADDRESS CITY-ST-ZIP CITY-ST-7P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY+ST-ZIP CITY-ST-782 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-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

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NÁME OF SIGNING GENERAL PARTNER Date Date Daytime Phone #