APPROVED AND FILED

02 MAR 27 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A11652

1. Entity Name: The Activity Center, Ltd.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14021 NW US Hwy 441	14021 NW US Hwy 441
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Alachua, FL	City & State: Alachua FL
Zip: 32615 Country	Zip: 32615 Country

DUE BY MAY 1

4. FEI Number: 59-2154083 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lowell D Chesborough

Street Address (P.O. Box Number is Not Acceptable): 14021 NW US Hwy 441

City: Alachua FL Zip Code: 32615

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.

SIGNATURE: Lowell D Chesborough DATE

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: 7,350.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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.
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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	Lowell D. Chesborough 14021 NW US Hwy 441 Alachua FL 32615	STREET ADDRESS / CITY-ST-ZIP	
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****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

CR2E003B (12/01)

STAPLE CHECK HERE

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: Lowell D. Chesborough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #