| DOCU   | MENT  | # A1224   | 0  |  | ÷ , , , , , , , , , , , , , , , , , , ,  |  |  | •   | $\sim$                                | \$<br>\$          |
|--|---|---|--|--|--|--|--|---|---------------------------------------|-------------------|
| ` TALLAHA  | ASSEE HOMI  | ESHARES, LTD.   |  |  |  | FILE   | ED   |   |                                       | 2                 |
| 1300 METROP<br>P.O.B OX 140  |   |   | Mailing Address 1300 METROPOLITAN BLV P.O.B OX 14019 TALLAHASSEE FL 32317- |  | O<br>S<br>TA   | APR 16<br>CRETARY O<br>LAHASSEE                                      | PM 12: 4(<br>F STATE   | )<br>:<br>  | , , , , , , , , , , , , , , , , , , , | 1844 81814 X 88X  |
| 1815 M   | . #, etc.   | ess<br>Te Commons D.A   | 3. Mailing Address P.O. BOX / Suite, Apt. #, etc.                          | 4019   |  | -<br>. ]   | DO NOT WF  | RITE IN THIS S  | PACE                                  | Bil Billi ibbl    |
| City & Stat  | te 104<br>Nahass  | GE PL   | City & State  Tollahorses  | fi   |  | . 4. FEI Number  | 59-215701  | <br>S   |                                       | oplied For        |
| Zip  |   | Country   | Zip<br>32317   | Country  |  | 5. Certificate of  | Status Desired   |   | 8.75 Add                              | ditional          |
|  | MILLARD J.  | BOULEVARD   | Registered Agent   |  | Name Mill<br>Street Address (  | 7. Name and A  ARd T.  P.O. Box Number  Miccosul                     | Noblin   |   |                                       | ₹ 104             |
|  |   |   |  |  |  |  |  |   |                                       |                   |
| 8. The above   | named entity  | submits this statement for  | the purpose of changing its  |  |  | LASSE<br>ed agent, or both,  | in the State of F  | FL<br>lorida.   | Zip Cod                               | 80%               |
| 8. The above SIGNATURE 9. Capital Co   | Signature, typed or ontributions  | printed name of registered agent as   |  | registered of  | office or register   | ed agent, or both,   | in the State of F  | lorida.   | si i                                  | <i>3</i> 1        |
| 8. The above   | ontributions on record.   | \$100,000.00  ENERAL PARTNER TI   | 10. Amount of Capit in FLORIDA to d  | E: Registered Ag al Contributi late.   | office or register   | ed agent, or both, when reinstating)                                 | 11. MAKE CHI<br>SEE REVE<br>TIVE WITH TH   | IORIDA.  DATE  CK PAYABLE  RSE SIDE FOR                       | O DEPT. OF                            | F STATE           |
| 8. The above SIGNATURE  9. Capital Co as Shown   | ontributions on record.   | \$100,000.00  ENERAL PARTNER TI   | 10. Amount of Capit in FLORIDA to d  | E: Registered Ag al Contributi late.   | office or register   | ed agent, or both, when reinstating)                                 | 11. MAKE CHI<br>SEE REVE<br>TIVE WITH THO<br>Co change a g                             | IORIDA.  DATE  CK PAYABLE  RSE SIDE FOR                       | SC 1<br>FO DEPT. OF<br>FEE INFOR      | F STATE<br>MATION |
| 8. The above SIGNATURE  9. Capital Co as Shown  12.  DOCUMENT #  | Signature, typed or intributions on record.  A G NOTE:                        | \$100,000.00  ENERAL PARTNER TI General Partners MA' GENERAL PARTNER  NOBLIN                | 10. Amount of Capit in FLORIDA to d  | E: Registered Ag<br>al Contributi<br>late.   | office or registered signature required sions  T BE REGIST in amendment  | ed agent, or both, when reinstating)                                 | 11. MAKE CHI<br>SEE REVE<br>TIVE WITH THO<br>change a g                                | CK PAYABLE RSE SIDE FOR HIS OFFICE. Jeneral parti             | TO DEPT. OF<br>FEE INFOR              | State 104         |
| 8. The above SIGNATURE 9. Capital Co as Shown 12. DOCUMENT 1 VAME STREET ADDRESS CITY-ST-ZIP   | Signature, typed or intributions on record.  A G NOTE:                        | \$100,000.00  ENERAL PARTNER TI General Partners MA' GENERAL PARTNER  NOBLIN DPOLITAN BLVD. | 10. Amount of Capit in FLORIDA to d  | E: Registered Ag<br>al Contributi<br>late.<br>ITITY MUS<br>he form; a  | office or registers gent signature required tions  T BE REGIST amendment   | ed agent, or both, when reinstating)  ERED AND AC t must be filed to | 11. MAKE CHI<br>SEE REVE<br>TIVE WITH TH<br>to change a g<br>ADDRESS CH                | CK PAYABLE RSE SIDE FOR HIS OFFICE. LENGTH PARTE ONLY         | TO DEPT. OF FEE INFOR                 | State 104         |
| 8. The above SIGNATURE 9. Capital Co as Shown 12. DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME   | Signature, typed or intributions on record.  A G NOTE:  MILLARD J. 1300 METRO | \$100,000.00  ENERAL PARTNER TI General Partners MA' GENERAL PARTNER  NOBLIN DPOLITAN BLVD. | 10. Amount of Capit in FLORIDA to d  | E: Registered Ag al Contributi ate.  ITITY MUS he form; a  13.  STREET AL  STREET AL   | office or registers gent signature required tions  ST BE REGIST in amendment  DDRESS  L  ODRESS  | ed agent, or both, when reinstating)  ERED AND AC t must be filed to | 11. MAKE CHI<br>SEE REVE<br>TIVE WITH THE<br>TO Change a C<br>ADDRESS CH               | CK PAYABLE RSE SIDE FOR HIS OFFICE. LENGTH PARTE ONLY         | TO DEPT. OF FEE INFORMER.             | Sate 104          |
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1/7/01 Date

SIGNATURE AND TYPES ON PRINTED NAME OF SIGNATING GENERAL PARTNER

SIGNATURE: