2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # A12558 Aug 15, 2000 08:00 AM 1. Entity Name **Secretary of State** SUNTREE INVESTORS, LTD. Principal Place of Business Mailing Address : 122 S.W. 11TH COURT 122 S.W. 11TH COURT BOCA RATON FLBOCA RATON FL 33486 33486 2. Principal Place of Business 3. Mailing Address P.O. BOX 4920 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO 59-2229326 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 328024920 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOMFORDE 122 E. COLONIAL DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 202 ORLANDO FL32801 Zip Code 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. 08/15/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATES as Shown on record. 1,011,600.00 in FLORIDA to date. 1,011,600.00 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS 450 S. ORANGE AVENUE VALAF BOURNE ROBERT STREET ADDRESS 400 E. SOUTH ST., #500 CITY-ST-ZIP ORLANDO FL32801 CITY-ST-7IP ORLANDO \mathbf{FL} 32801 DOCUMENT # STREET ADORESS 450 S. ORANGE AVENUE NAME SENEFF JAMES M.IR. STREET ADDRESS 400 E. SOUTH ST., #500 CITY-ST-ZIP ORLANDO 32801 \mathbf{FL} CITY-ST-ZIP ORLANDO FL 32801 DOCUMENT # STREET ADDRESS NAME TOMFORDE ERNEST STREET ADDRESS 122 S.W. 11 COURT CITY-ST-ZIP CITY-ST-ZIP BOCA RATON 33486 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT

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^{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