CR2E003 (9/99)

🗻 2000 UNIFORM BUSINESS REPORT (UBR) A14645 DOCUMENT # FILED 1. Entity Name DIVISION OF CORPORATIONS OKEE SQUARE ASSOCIATES LTD. 2 00 JUL -5 AM 9: 25 Principal Place of Business Mailing Address % THE GOODMAN COMPANY % THE GOODMAN COMPANY 777 S. FLAGLER DRIVE. SUITE 1101E 777 S. FLAGLER DRIVE, SUITE 1101E WEST PALM BEACH FL 33401-6125 WEST PALM BEACH FL; 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1453879 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WITT, GARRY L Address (P.O. Box Number is Not Acceptable % THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, SUITE 1101E WEST PALM BEACH FL 33401 8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE S Prise TO A LINGTIFE RODICABLE (NOTE: Registered Agent signature required when reinstating) 10. Amount of Capital Contributions in FLORIDA to date. 5, 432,403 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$5,932,903.00 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. P93000004507 DOCUMENT # STREET ADDRESS OKEE SQUARE, INC. NAME 777 S. FLAGLER DRIVE STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL 33401 CfTY+ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 NAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP STREET ADDRESS

14. Thereby 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

CITY-ST-ZIP

SIGNATURE: // NEW SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(54) 833-3777

ate