2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A17755 1. Entity Name FOXMOOR CENTER ASSOCIATES, LTD. FILED FEB 22 AM 10: 05 Principal Place of Business Mailing Address FOXMOOR COMMONS I. SUITE 310 FOXMOOR COMMONS I. SUITE 310 SECRETARY OF STATE 101 BRADFORD RD. 101 BRADFORD RD. TALLAHASSEE, FLORIDA WEXFORD PA 15090 WEXFORD PA 15090 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2472301 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Edward D. Ging BURANDT, ROBERT B Street Address (P.O. Box Number is Not Acceptable)
Mizner Grand - Unit 1002 1714 CAPE CORAL PARKWAY CAPE CORAL FL 33904 500 S.E. 5th Avenue Zip Code 3343 7 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 registered agent and litle if applicable (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$2,175,000.00 as Shown on record. in FLORIDA to date. 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 CR2E003 (11/00) DOCUMENT # F93000000049 Bradford Road, Soite 310 STREET ADDRESS NAME REGP, INC. STREET ADDRESS 1 ALLEGHENY CENTER #650 CITY-ST-ZIP Wexford. PA. 15090 CITY-ST-ZIP PITTSBURGH PA DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS -02/28/01--01015--021 CITY-ST-7iP CITY-ST-ZIP <u>★★★★与2日 2日 ★★★★与2日 25</u> DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CINY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this Hing 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 By: REGP, Inc., a Pensylvenia DEOUTH Partner 1ts General

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Edward D. Gira, Assidand