PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.									
		FLORIDA DEPARTMENT OF STAT Katherine Harris Secretary of State DIVISION OF CORPORATIONS				TE	FILED 4418 01 JAN 16 AM 10: 24 -SECRETARY OF STATE TABEATHASSEE FLORIDA		
DOCUMENT # A19372 1. Name of Limited Partnership Broad Street Investors Limited								TALEAHASSEE F	LORIUA
2. Principal Office Addre 3100 Univers. Suite, Apt. #, etc.	3. Mailing Office Address 3100 University Blvd. So. Suite, Apt. #, etc.				,	 Date Formed or Registered To Do Business in Florida FEI Number 	3/14/85		
200 City & State Jacksonville, FL			200 City & State Jacksonville, FL					59-2523655 6. CERTIFICATE OF STATUS DESIRE	Not Applicable S8.75 Additional Fee required for a Certificate of Status
^{Zip} 32216	Country USA		Zip 32216 Current Registered		Countr USA			 7a. Capital Contributions as shown \$1,465,596.00 7b. Amount of Capital Contribution \$1,465,596.00 	
Name Geraldine Street Address (P.O. Box 3100 Univ Suite, Apt. #, Etc. Suite 200 City Jacksonv						 FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee. 			
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) Statute: Date 1/9/01 A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.									
10. Name(s) of General Partner(s)			Address of Each General Partner (Do NOT Use Post Office Box Numbers)					City, State and Zip Code	10a. Registration Document Number
Camvest, Inc.			3100 University Blvd So Suite 200				Jacksonville, FL () 32216	м71970	
The Clarkson Company			3100 University Blvd So Suite 200				Jacksonville, FL J69900 32216 SINSTATEMENT 2000 1000035735215		
Note: General	be changed or	e changed on this form; an amend				-01/24/0101087007 ***1026.25 ***1026.25 ment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.									
SIGNATURE Atuin H. Clarkson V.P. Cambert Tuc. GP DATE 1/12/01 Patricia H. Clarkson (904) 359-0045									
Typed or Printed Name of General Partner Signing Form Patricia H. Clarkson Telephone Number (904) 335-0045									

ι.

CR2E039 (11/99) --