2003 LIMITED PARTNERSHIP APPROVE. UNIFORM BUSINESS REPORT (UBR **DOCUMENT # A19768** 1. Entity Name J. D. EGGEBRECHT DEVELOPMENT, LTD. 03 MAR 13 AM 9: 13 SECRETARY. UF STATE TAREAHASSEE, FLORIDA Principal Place of Business 6344 PINEY GLEN LANE Mailing Address 6344 PINEY GLEN LANE ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number 59-2477709 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EGGEBRECHT, JERRY DAVID 6344 PINEY GLEN LANE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32819 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$1,130,653.91 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record. in FLORIDA to date. <u>1,638</u> 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 EGGEBRECHT, JERRY D. NAME 6344 PINEY GLEN LANE STREET ADDRESS 100014067 23894 ORLANDO FL 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 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP.

CITY-ST-ZIP

NAME STREET ADDRESS

\$506, 25

MUDICATION HEOTERYD, EGGERRECHT

3/9/03

107-345-8847

Davis Blanca

CR2E003 (10/02)