| DOCUMENT # A20153  1. Entity Name   |   |   |          | FILED<br>SECRETARY OF STATE                        |   |
|---|---|---|----------|--|---|
| OCALA REALTY ASSOCIATES LIMITED PARTNERSHIP   |   |   |          |  | DIVISION OF CORPORATIONS  |
|   |   |   |          |  | 00 AUG 10 AM 10: 02   |
| Principal Place of Business Mailing Address 230 SOUTH BROAD STREET 230 SOUTH BROAD STREE  |   |   | ET       |  |   |
| MEZZANINE L   |   | 230 SOUTH BROAD STREET<br>MEZZANINE LEVEL |          |  | n   |
| PHILADELPHIA PA 19102 PHILADELPHIA PA 19102   |   |   |          |  | THE REPORT OF THE PROPERTY OF |
| 2. Principal F  | lace of Business                                | 3. Mailing Address                        |          | <del></del>  |   |
| Suite, Apt.   | #, etc.   | Sulte, Apt. #, etc.                       |          |  | DO NOT WRITE IN THIS SPACE  |
| City & State  |   | City & State                              |          | •  | 4. FEI Number 13-3148421 Applied For Not Applicable   |
| Zip Country   |   | Zip                                       | Country  |  | 5. Certificate of Status Desired See Required Fee Required  |
| Name and Address of Current Registered Agent  |   |   |          |  | 7. Name and Address of New Registered Agent   |
| C. T. CORROBATION EVETCH  |   |   |          | Name   |   |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD  |   |   | . [      | Street Address (P.O. Box Number is Not Acceptable) |   |
| PLANTATION FL 33324   |   |   |          |  |   |
| •   |   |   | ľ        | City FL 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.   |   |   |          |  |   |
| CIONATURE   |   |   |          |  |   |
| SIGNATURE Signature. Note or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |   |   |          |  |   |
| 9. Capital Contributions as Shown on record. \$5,109,158.00 In FLORIDA to date. In FLORIDA to date. In MAKE CHECK PAYABLE TO DEPT. OF STATE 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 13. ADDRESS CHANGES ONLY  |   |   |          |  |   |
| DOCUMENT #<br>NAME  | BUSTER BOYNTON BCH ASSOC<br>230 SOUTH BOARD ST. |   | STREE    | T ADDRESS  |   |
| STREET ADDRESS  |   |   | CITY-    | ST-ZIP <sub>~</sub>                                |   |
| CITY-ST-ZIP   |   |   | Citi-    | 31-21  | 5000033583852<br>08/15/0001030011   |
| DOCUMENT # I  |   | -   | STREE    | T ADDRESS  | ***5415.00 ****326.25   |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |   | CITY-    | ST-ZIP   |   |
| DOCUMENT #  |   | <u></u>                                   | STREE    | T ADDRESS  |   |
| NAME<br>STREET ADDRESS  |   |   | O // ica | 7,551,250  |   |
| CITY-ST-ZIP   |   |   | CITY-    | ST-ZIP   |   |
| DOCUMENT #<br>NAME  | -   |   | STREE    | T ADDRESS  |   |
| STREET ADDRESS  |   |   | CITY-    | ST-ZIP   |   |
| DOCUMENT #  | ,   |   |          |  |   |
| NAME .  |   |   |          | TADDRESS   |   |
| STREET ADDRESS CITY-ST-ZIP  | · •   |   |          | ST-ZIP   |   |
| DOCUMENT #  |   |   | STREET   | T ADDRESS  | " Wylo.   |
| NAME → . STREET ADDRESS   |   |   | JINLE    |  | A MV.   |
| CITY-ST-ZIP   | ST-ZIP CITY                                     |   |          | ST-ZIP   | 7   |
| 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 |   |   |          |  |   |

CR2E003 (5/00)