2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A25638

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name

TRIVEST EQUITY PARTNERS I, LTD.

Principal Place of Business	Mailing Address
% TRIVEST GROUP, INC. 2665 S. BAYSHORE DR., 8TH FLOOR MIAMI FL 33133	% TRIVEST GROUP, INC. 2665 S. BAYSHORE DR., 8TH FLOOR MIAMI FL 33133-5448
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 06-1224574 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~KLEIN, PETER W~~ C/O TRIVEST GROUP, INC. 2665 S. BAYSHORE DRIVE, SUITE 801 MIAMI FL 33133	Name Maria C. Callejas Street Address (P.O. Box Number is Not Acceptable) 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.

SIGNATURE Maria C Callejas — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 1/6/00

9. Capital Contributions as Shown on record. $17,251,000.00

10. Amount of Capital Contributions in FLORIDA to date. 17,251,000

11. 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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	A95000000689 TRIVEST 1988 FUND MANAGERS, LTD. 2665 S. BAYSHORE DR., #800 MIAMI FL	STREET ADDRESS / CITY-ST-ZIP	~~000003130360 5~~ -02/10/00--01006--009 ~~****526.25 ****526.25~~
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CR2E003 (9/99)

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

By: Trivest Equities, Inc., its general partner

SIGNATURE: /s/ Jay Anderson — SIGNATURE REQUIRED — By: Jay Anderson, Director — 1/17/00 — 305.858.2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #