Suffe 200 TAMPA FL 33602 SUFFE 200 TAMPA FL 33602 SUFFE 200 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address DUE BY MAY 1, 2002 City & State City & State L. FEI Number DUE BY MAY 1, 2002 City & State City & State 4. FEI Number Applied Fo Not Applied Zip Country Zip Country 6. Certificate of Status Desired Set 55 Additional For Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROWE, RICK D 100 MADISON ST., SUTE 200 TAMPA FL 33602 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Storent During Lange (PATHER) UO2701/SO 10. Annount of Capital Contributions as Shown on record UO2701/SO In RLORIDA to date. Ste RVERS E Store For For For TS Ste RVERSE E Store For For For For For For TS Ste RVERSE E Store For	
2. Principal Place of Business Maning Address Maning Address Suite, Apt. #, etc. DUE BY MAY 1, 2002 City & State City & State City & State City & State Country Street Address of New Registered Agent Name and address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL City City FL City City	
City & State City	
Zip Country Zip Country S. 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 Rowe, RiCK D 100 MADISON ST., SUITE 200 TAMPA FL 33602 Name Name 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. Street Address (P.O. Box Number is Not Acceptable) 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 Signature, Freed or primed angel (Pprophetion and Prophetication agenetic Prophetion and Prophetication and Prophetica	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROWE, RICK D Name 100 MADISON ST., SUITE 200 Name TAMPA FL 33602 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 Signature hyped or printed armont of the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. Date 9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSES 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 / NOWE INVESTMENTS, INC. Street ADDRESS OTY -ST-2P DOCUMENT / NMME STREET ADDRESS INTERT ADDRESS DOCUMENT / STREET ADDRESS OTY -ST-2P -D5./24/0201010014 *****S526.25 DOCUMENT / NMME STREET ADDRESS DOCUMENT / STREET AD	
Name Street Address (P.O. Box Number is Not Acceptable) 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 Outle Sometive is provide or printed gamped (SPDEP) and top (SPDEP) and	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City TAMPA FL 33602 City City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Suprescription of protocol period	
TAMPA FL 33602 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. Typed or printed array of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature. typed or printed array of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Date 9. Capital Contributions as Shown on record. I/0.7/115.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE set Shown on record. 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. DOCUMENT / MAKE STREET ADDRESS STREET ADDRESS City-ST-2P OCCUMENT / MAKE STREET ADDRESS	
Signature: typed or printed gamp of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature: typed or printed gamp of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature: typed or printed gamp of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature: typed or printed gamp of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature: typed or printed gamp of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature: typed or printed gamp of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature: typed or printed gamp of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature: typed or printed gamp of the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE Signature: typed or printed gamp of the purpose of changes on record. If the the purpose of the purpose o	
SIGNATURE Date	1
Date	
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 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. DOCUMENT # M75464 ROWE INVESTMENTS, INC. STREET ADDRESS STREET ADDRESS 100 EAST MADISON ST.#200 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS OCUMENT # STREET ADDRESS STREET ADDRESS ODCUMENT # STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	
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 / M75464 ROWE INVESTMENTS, INC. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 100 EAST MADISON ST.#200 TAMPA FL CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS DOCUMENT / STREET ADDRESS STREET ADDRESS STREET ADDRESS COCUMENT / STREET ADDRESS STREET ADDRESS STREET ADDRESS DOCUMENT / STREET ADDRESS STREET ADDRESS STREET ADDRESS	<u> </u>
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS STREET ADDRESS	
NAME ROWE INVESTMENTS, INC. STREET ADDRESS STREET ADDRESS 100 EAST MADISON ST.#200 CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS	
CITY-ST-ZIP TAMPA FL DOCUMENT / NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -05/24/0201010014 #####865_88 ####\$26_25 DOCUMENT / STREET ADDRESS	003 (9/01)
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS	CR2E003
CITY-ST-ZIP TO 37 247 U2 = 01010 = -014 With the state of t	
STREET ADDRESS	
NAME	
STREET ADDRESS CITY-ST-ZIP EP \$586.25	
DOCUMENT # STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	
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 partnershi the receiver or trustee emproved to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: SIGNATURE: SIGNATURE:	