| 2000 | <b>UNIFORM</b> | <b>BUSINESS</b> | REPORT | (UBR)   |
|------|----------------|-----------------|--------|---------|
|      |                | 500111100       |        | ( — — , |

| 2000 UNIFORM BUSINESS REPORT (UBK)   |  |  |                               |  |  |                                   |  |  |  |
|--|--|--|-------------------------------|--|--|-----------------------------------|--|--|--|
| DOCUMENT # A31823  1. Entity Name  |  |  |                               |  | FILED  | *****                             |  |  |  |
| FALCON COVE ASSOCIATES LIMITED PARTNERSHIP   |  |  |                               | FILED SECRETARY OF STATE OF STATE OF STATE OF CORPORATIONS |  |                                   |  |  |  |
| Principal Place of Business Mailing Address  |  |  |                               |  | (00 FEB 18 PM 1: 01                          |                                   |  |  |  |
| 1650 LAKE SHORE DRIVE<br>SUITE 220<br>COLUMBUS OH 43204-4895   |  | 1650 LAKE SHORE DRIVE<br>SUITE 220<br>COLUMBUS OH 43204-4894 |                               |  |  |                                   |  |  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |                               | -  |  |                                   |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |                               | DO NOT WRITE IN THIS SPACE                                 |  |                                   |  |  |  |
| City & State   |  | City & State   |                               | 4. FEI Number 31-1327642                                   | Applied For Not Applicable                   |                                   |  |  |  |
| Zip  | Country  | Zip  | Cour                          | ntry   | 5. Certificate of Status Desired             | \$8.75 Additional<br>Fee Required |  |  |  |
| ·  | 6. Name and Address of Current   | Registered Agent   |                               |  | 7. Name and Address of New Registered        | Agent                             |  |  |  |
| ==   |  |  |                               | Name (A.D.   | Capital Connection Inc.                      |                                   |  |  |  |
|  | pital Connection, In   |  |                               | Street Addless (P.O. Box Number is Not Acceptable)         |  |                                   |  |  |  |
|  | 7 East Virginia St.  |  |                               | 4  | 17 E. Virginia                               | JT.                               |  |  |  |
| Ta   | llahassee, Florida 3   | 2301   |                               |  |  |                                   |  |  |  |
|  |  |  |                               | City 19/1ahrsset, FL Zincode 301                           |  |                                   |  |  |  |
| 8. The above   | named entity submits this statement fo   | the purpose of changing its                                  | register                      | ed office or register                                      | red agent, or both, in the State of Florida. |                                   |  |  |  |
|  | 11   | a duitel   | 1                             | action   | ラノ   | 17/00                             |  |  |  |
| SIGNATURE  | Signature, typed or printed name of registered agent   |  | <i>B'UN</i> •<br>E: Registere | d Agent signature required                                 | d when reinstating) DATE                     | 7700                              |  |  |  |
|  | 9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions 17,500.  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |  |                               |  |  |                                   |  |  |  |
|  | A GENERAL PARTNER T  | HAT IS A BUSINESS EN   | ITITY M                       | UST BE REGIS   | TERED AND ACTIVE WITH THIS OFFIC             | E.                                |  |  |  |
| NOTE: General Partners MAY NOT be changed on the 1  12. GENERAL PARTNER INFORMATION  |  |  | 13.                           | i, dif alliendine  | ADDRESS CHANGES OF                           |                                   |  |  |  |
| DOCUMENT#  | P34824   |  | STR                           | EET ADDRESS  | 22   |                                   |  |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | INVESTMENT RESOURCES,INC<br>1650 LAKESHORE DRIVE SUITE<br>COLUMBUS OH  | 220  |                               | '-ST-ZIP   | <u>700003153</u><br>-03/01/00<br>****141.25  |                                   |  |  |  |
| DOCUMENT#  |  |  | STR                           | EET ADORESS  |  | Ş                                 |  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |  | СПУ                           | '-ST-ZIP   |  |                                   |  |  |  |
| DOCUMENT#  | - 1211   |  | STR                           | EET ADIORESS   |  | -                                 |  |  |  |
| STREET ADDRESS CITY-ST-ZIP   |  | CITY   | '- ST- ZIP                    |  |  |                                   |  |  |  |
| DOCUMENT#  | ville  | (0)  | STR                           | EET ADDRESS  |  |                                   |  |  |  |
| STREET ADDRESS<br>CITY - ST - ZIP  |  |  | СПУ                           | '-ST-ZIP   |  |                                   |  |  |  |
| DOCUMENT #   |  |  | STR                           | EET ADDRESS  |  | _                                 |  |  |  |
| STREET ADDRESS<br>CITY - ST - ZIP  |  |  | СПҮ                           | -ST-21P  |  |                                   |  |  |  |
| DOCUMENT #<br>NAME   |  |  | STR                           | EET ADDRESS  |  | \                                 |  |  |  |
| STREET ADDRESS   |  |  | L                             | -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 imited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes |  |  |                               |  |  |                                   |  |  |  |
| SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Destine Phone #   |  |  |                               |  |  |                                   |  |  |  |