Due By May 1, 2004

STAPLE CHECK HERE

SIGNATURE:

DOCUMENT # A32996 1. Entity Name SECRETARY OF STATE CANEEL BAY, LTD. PWINT OF CORPORATIONS 04 APR 19 PM 2: 14 Principal Place of Business Mailing Address 1 RICHMOND SQUARE, SUITE #100C 4440 PGA BLVD., SUITE 402 PALM BEACH GARDENS, FL 33410 PROVIDENCE, RI 02906 2. Principal Place of Business 3. Mailing Address 13844 LeBateau Isle Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Chg-LP CR2E003 (10/03) Frenchman's Creek City & State City & State 4. FEI Number Applied For Palm Beach Gardens, FL 65-0334452 Not Applicable Country Country \$8.75 Additional Zip 33410 5. Certificate of Status Desired П USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHEIN, HAROLD I. Street Address (P.O. Box Number is Not Acceptable) FRENCHMAN'S CREEK 13844 LE BATEAU ISLE PALM BEACH GARDENS, FL 33410 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE 10. Amount of Capital Contributions 9. Capital Contributions \$7,500.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS NAME SCHEIN, HAROLD I STREET ADDRESS 13844 LE BATEAU ISLE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 DOCUMENT # STREET ADDRESS NAME 700035819677 STREET ADDRESS 05/10/04--01069--012 **141.25 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-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRÉSS CITY-ST-ZIP 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 partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Harold I. Schein

1/14/04

(401) 521-3000