2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A33486 1. Enlity Name						EILED SECRETARY OF STATE. DIVISION OF CORPORATIONS	
FORT MYERS, FLORIDA 992 LIMITED PARTNERSHIP						į	
Principal Place of Business Mailing Address							00 APR -4 PM 6: 23
13000 NORTH CLEVELAND AVENUE FT. MYERS FL 33903			2400 EAST DEVON AVENUE SUITE 280 DES PLAINES (L 60018-4617 US				
2. Principal P	lace of Business		3. Mailing Address 1376 S. Ar lingtm Hualts 22d.		2d	E LEGICOL EGGE MILEG MILIT BICEN PENIO ENN ANGLA BION ENGLA DIGIN ANGLA GIGIN ANGLA GIGIN ANGLA FIGUR	
Suite, Apt. #, etc.			Suite, Apt. #, etc. 9 Suite 400			DO NOT WRITE IN THIS SPACE	
City & State			Alloreton Heights Alm		พ่ธ	4. FEI Number 65-0357862 Applied For Not Applicable	
Zip		ountry	10005	US Cour	itry		5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current Registered Agent					Name		7. Name and Address of New Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM, INC.					Street Address (P.O. Box Number is Not Acceptable)		
1201 HAY	SSI						
STE 105 TALLAHASSEE FL 32301					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, typed 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. \$600,000.00 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		13.			ADDRESS CHANGES ONLY
DOCUMENT# NAME		OF FLORIDA, INC.			EET ADDRESS	235	5 S. Arlmoton Huights Rd #450
STREET ADDRESS CITY - ST - ZIP	2400 E. DEVO DES PLAINES				/-ST-ZIP	Arlmohn Huights, Filmon's 60005	
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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							

SHINGTUBE PLOUIR Secretary - AP Equitors of Florica (Nr. 3/22/2005 847-228.5400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Date Daylime Phone #

James B. Dale

SIGNATURE: