2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

APPKUVE.T AND. FILED A9300000095 DOCUMENT # 03 APR -4 PM 12: 47 HICKS INVESTMENTS LTD. SECRETARY OF STATE FALLARASSEE, FLORIDA Principal Place of Business Mailing Address 3800 WASHINGTON ROAD. #401 3800 WASHINGTON ROAD. #401 WEST PALM BEACH FL 33405-2369 WEST PALM BEACH FL 33405-2369 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State Applied For 4. FEI Number 65-0395746 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HICKS, H. S Street Address (P.O. Box Number is Not Acceptable) 3800-WASHINGTON-ROAD, #401-WEST PALM BEACH FL 33405-2369 City 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 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$471,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. CR2E003 (10/02) DOCUMENT # STREET ADDRESS HICKS, H S TRUSTEE NAME 800015321448 3800 WASHINGTON ROAD, #401 STREET ADDRESS CITY-ST-ZIP 04/04/03--01062--013 **526.25 WEST PALM BEACH FL 33405-2369 CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAMÈ PHILIPS, LORI STREET ADDRESS 112 PARK AVENUE 80001 CITY-ST-ZIP CITY-ST-ZIP **BREVARD NC 28712** DOCUMENT # STREET ADDRESS ECHAVE LESLIE STREET ADDRESS 3453 CEDARWOOD TRAIL CITY-ST-ZIP TALLAHASSEE FL 32312 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT > STREET ADDRESS NAME

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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #