

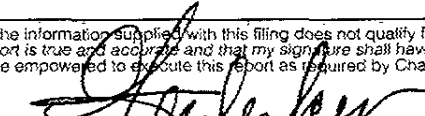


**FILED**  
**Jul 23, 2004 08:00 AM**  
**Secretary of State**

|  |                                    |   |                          |  |  |
|--|------------------------------------|---|--------------------------|--|--|
| <b>DOCUMENT # A93000000226</b>   |                                    |  |                          | <b>Secretary of State</b>  |  |
| 1. Entity Name<br><b>THE OSCAR FELDENKREIS FAMILY PARTNERSHIP, LTD.</b>  |                                    |   |                          |  |  |
| Principal Place of Business<br><b>3000 N.W. 107 AVE.<br/>MIAMI, FL 33015</b>   |                                    | Mailing Address<br><b>3000 N.W. 107 AVE.<br/>MIAMI, FL 33015</b>                  |                          |  |  |
| 2. Principal Place of Business   |                                    | 3. Mailing Address  |                          |                    |  |
| Suite, Apt. #, etc.  |                                    | Suite, Apt. #, etc.   |                          | 07132004 Chg-LP CR2E003 (10/03)  |  |
| City & State   |                                    | City & State  |                          | 4. FEI Number<br><b>65-0524683</b>   |  |
| Zip  |                                    | Country   |                          | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>      |  |
| 6. Name and Address of Current Registered Agent<br><b>SEIF, EVAN D<br/>2800 PONCE DE LEON BLVD., SUITE 1125<br/>CORAL GABLES, FL 33134</b>   |                                    |   |                          | 7. Name and Address of New Registered Agent  |  |
|  |                                    |   |                          | Name   |  |
|  |                                    |   |                          | Street Address (P.O. Box Number is Not Acceptable)   |  |
|  |                                    |   |                          | City   |  |
|  |                                    |   |                          | <b>FL</b> 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 _____ DATE _____   |                                    |   |                          |  |  |
| Signature, typed or printed name of registered agent and title if applicable   |                                    |   |                          |  |  |
| 9. Capital Contributions as Shown on record. <b>\$385,158.00</b>   |                                    | 10. Amount of Capital Contributions in FLORIDA to date <b>\$385,158</b>           |                          | In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>   |                                    |   |                          |  |  |
| <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |                                    |   |                          |  |  |
| 12. GENERAL PARTNER INFORMATION  |                                    |   | 13. ADDRESS CHANGES ONLY |  |  |
| DOCUMENT #   | P93000007743                       |   | STREET ADDRESS           |  |  |
| NAME   | OSCAR FELDENKREIS INVESTMENT CORP. |   | CITY-ST-ZIP              |  |  |
| STREET ADDRESS   | 7495 N.W. 48TH STREET              |   |                          |  |  |
| CITY-ST-ZIP  | MIAMI, FL 33166                    |   |                          |  |  |
| DOCUMENT #   |                                    |   | STREET ADDRESS           |  |  |
| NAME   |                                    |   | CITY-ST-ZIP              |  |  |
| STREET ADDRESS   |                                    |   |                          |  |  |
| CITY-ST-ZIP  |                                    |   |                          |  |  |
| DOCUMENT #   |                                    |   | STREET ADDRESS           |  |  |
| NAME   |                                    |   | CITY-ST-ZIP              |  |  |
| STREET ADDRESS   |                                    |   |                          |  |  |
| CITY-ST-ZIP  |                                    |   |                          |  |  |
| DOCUMENT #   |                                    |   | STREET ADDRESS           |  |  |
| NAME   |                                    |   | CITY-ST-ZIP              |  |  |
| STREET ADDRESS   |                                    |   |                          |  |  |
| CITY-ST-ZIP  |                                    |   |                          |  |  |
| DOCUMENT #   |                                    |   | STREET ADDRESS           |  |  |
| NAME   |                                    |   | CITY-ST-ZIP              |  |  |
| 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)(f), 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. |                                    |   |                          |  |  |
| SIGNATURE:    |                                    |   | 7/14/04 (205) 418-1310   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   |                                    |   | Date Daytime Phone #     |  |  |