2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # ~ A93000000604 02 JUL 17 AM 9: 06 THE PAUL AND HAZEL SMYSOR LIMITED PARTNERSHIP SECRETARY OF STATE FABRAHASSEE, FLORIDA Principal Place of Business Mailing Address 1605 N.W. 22ND STREET 1605 N.W. 22ND STREET GAINESVILLE FL 32605 **GAINESVILLE FL 32605** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY SEPTEMBER 25, 2002 City & State City & State 4. FEI Number Applied For 59-3186689 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 SMYSOR, CHARLOTTE Street Address (P.O. Box Number is Not Acceptable) 1605 N.W. 22ND STREET GAINESVILLE FL 32605 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 DEPT. OF STATE \$2,100,632.00 as Shown on record. in FLORIDA to date. 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 INFORMATION ADDRESS CHANGES ONLY DOCUMENT # P94000054669 STREET ADDRESS NAME TRI-CEP, INC. STREET ADDRESS 1605 N.W. 22ND STREET CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32605** 200006584172---07/23/02--01018--004 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7/P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DDCUMENT** # STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP , DOCUMENT

NAME STREET ADDRESS

CITY-ST-ZIP

7/1/08 352-376-3010 Date Daytime Phone #

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Dear Mr Kohr,

As per our telephone Conversation,
The Uniform Business Report for

Doos did not reach our office
or was some how misdirected.

This is a first time for us

and we do greatly appreciate

your consideration in this motter.

Please find cheeks and

reports enclosed for:

The Paul Hazel Smysor Comited Partnership and Tri-CEP Inc.

> Most Scheerely, Charlotte Smysor Agent for the

above

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