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SIGNATURE:

FILED A93000001380 1. Entity Name OI MAY 29 AM 9: 12 PRAXIS OF DEERFIELD BEACH II, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1111 S.W. 15TH STREET 3105 WEST SCENIC DRIVE DEERFIELD BEACH FL 33441 DANIELSVILLE PA 18038 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0451188 Not Applicable Zip Country 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 Brady PRENTICE HALL CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) ONE BISCAYNE TOWER N. Camina Gardens 2 S. BISCAYNE BLVD., SUITE 1810 200C MIAMI FL 33131 Zip Code ろろ4 8. The above named en purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. Capital Contributions Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$1,574,300.00 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. CR2E003 (11/00) N42380 DOCUMENT # STREET ADDRESS NEW HORIZON COMMUNITY DEVELOPMENT CORP. State Rd.7 NAME STREET ADDRESS 291 S.E. 1ST TERRACE CITY-ST-ZIP Lauderhill, FL 33313 DEERFIELD BEACH FL 33441 CITY-ST-ZIP DOCUMENT # P93000086360 STREET ADDRESS NAME LRH, INC. STREET ADDRESS 701 EAST CAMINO REAL, #7-A CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** <u>Dani</u>els ville 18038 DOCUMENT, #_. STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP .CITY-ST-ZIP 400004422404--2 DOCUMENT # STREET ADDRESS <u>-06/15/01--01057--024</u> NAME STREET ADDRESS ****535.00 ****535.00 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 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

Stephanie M Cole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

LED Gen. Partner 610 8376280