2000 UNIFORM BUSINESS REPORT (UBR) DÖCUMENT# A94000000013 -1. Entity Name FILED DIVISION OF CORPORATIONS FISCHER FAMILY PARTNERSHIP, LTD. 00 MAY -5 PM 1: 33 Principal Place of Business Mailing Address 9735 CLUBHOUSE DRIVE, APT. 403 9735 CLUBHOUSE DRIVE, APT. 403 MIAMI FL 33178 MIAMI FL 33178-2012 Cth er DO NOT WRITE IN THIS SPACE Applied For--±4. FEl·Number-65-0455929 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered A Name FISCHER, ARTHUR D 9735 CLUBHOUSE DRIVE, APT. 403 **MIAMI FL 33178** 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 . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$3,000,000,00 SEE-REVERSE SIDE-FOR-FEE-INFORMATION in FLORIDA to date as Shown on record: 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 13. 12. DOCUMENT # STREET ADDRESS FISCHER, ARTHUR D NAME 9735 CLUBHOUSE DRIVE, APT. 403 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-ZIF DOCUMENT # STREET ADDRESS FISCHER, ELAINE NAME 9735 CLUBHOUSE DRIVE, APT. 403 STREET ADDRESS CITY - ST - ZIP **MIAMI FL 33178** CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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 exercise to execute this report as required by Chapter 620, Florida Statutes the receiver or trustee e SIGNATURE: