MERKUVED 2000 UNIFORM BUSINESS REPORT (UBR) A94000000224 DOCUMENT # 00 APR -3 AM 10: 13 1. Entity Name ZURICH SUNSHINE, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O BAITA REAL ESTATE, INC. C/O BAITA REAL ESTATE, INC. 1777 NORTHEAST EXPRESSWAY, STE. 145 1777 NORTHEAST EXPRESSWAY, STE. 145 ATLANTA GA 30329 ATLANTA GA 30329-2440 2. Principal Place of Business 3. Mailing Address 3340 Prachtree Rd. NE 3340 Peachtree Rd DO NOT WRITE IN THIS SPACE 1500 Applied For 4. FEI Number ba. 59-3229841 Not Applicable Country US \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAITA REAL ESTATE, INC. dress (BO. Box Number is Not Acceptable) 8130 BAYMEADOWS WAY WEST, SUITE 302 JACKSONVILLE FL 32256 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,000,000.00 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. F94000000215 DOCUMENT # to Rachtree Rd NE, Suite 1500 STREET ADDRESS BAITA REAL ESTATE, INC. NAME STREET ADDRESS 1777 NORTHEAST EXPRESSWAY, STE. 225 CITY-ST-ZIP ATLANTA GA 30329 CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZP CITY - ST - ZIP 100003214001--3 -04/19/00--01015-<u>-</u>023 DOCUMENT# STREET ADDRESS NAME ***2105.00 ****526.25 STREET ADDRESS CITY-ST-ZIP 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 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

CATY-ST-ZUP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SEGNATURS REQUIRED

Date Daytime Phone #