FILED

2002 UNIFORM BUSINESS REPORT (UBR)

02 HAR 15 AM 9:31 A94000000345 DOCUMENT # 1. Entity Name SECRÉTARY OF STATE TALLAHASSEE, FLORIDA TURNSTILE LTD. Principal Place of Business Mailing Address 1000 C WEST OAKLAND PARK BLVD. 1000 C WEST OAKLAND PARK BLVD. WILTON MANORS FL 33311 WILTON MANORS FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State Applied For 4. FEI Number 65-0480493 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 Name SCHOENTHAL, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 1000 C WEST OAKLAND PARK BLVD. WILTON MANORS FL 33311 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. 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 \$160,000.00 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 13. ADDRESS CHANGES ONLY DOCUMENT # V57780 STREET ADDRESS TURNSTILE INVESTMENTS, INC. NAME STREET ADDRESS 1000 C WEST OAKLAND PARK BLVD. CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL 33311 <u>300005146383--</u>j DOCUMENT # -03/22/02--01048--001 STREET ADDRESS NAME ****526.25 ****526.25 STREET ADDRESS CITY-ST-7IP 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-7IP 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

SIGNATURE:

SIGNATURE:

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

PRES

Pale PROPRIET OF PRINTED NAME OF SIGNING GENERAL PARTNER

Date Propriet Propriet Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

TURNSTIVE

SUBJECT M SCHOOLING

PRES

Pale PROPRIET OF PARTNER

Date Propriet Propriet 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

STREET ADDRESS

CITY-ST-ZIP