CR2E003 (10/02)

2003 LIMITED PARTNERSHIP

UNIFORM BUSINESS REPORT (UBR) Him A9400000748 FILED DOCUMENT # 1. Entity Name T.J.A.D., LTD. 03 APR 17 AM 7: 24 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE FLORIDA 1048 KANE CONCOURSE. SUITE 2-B 1048 KANE CONCOURSE. SUITE 2-B BAY HARBOR FL 33154 BAY HARBOR FL 33154 2. Principal Plage of Business 3. Mailing Address 177 VIAGE Suite, Apt. #, etc. Suite, Apt. #, etc **DUE BY MAY 1, 2003** City & State 4. FEI Number Applied For City & State 65-0576281 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GADINSKY, SETH 1048 KANE-CONCOURSE, SUITE 28-14年時中心人 Street Address (P.O. Box-Number is Not Acceptable) ラントランシャン 00Þ# RAY HARBOR FL 33154 Hami Boady, Pc. Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or refistered agent, or both, in the State of Florida. I am familiar with, and acdept the obligations of registered agent. SIGNATURE Signature, wheel or printed Sesh Govinsi of registered agent and title if applicable 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions \$125,000.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # P94000015780 STREET ADDRESS T.J.A.D., INC. NAME 1048 KANE CONCOURSE, SUITE 2-B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BAY HARBOR FL 33154** DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 900016225559 CITY-ST-ZIP 04/17/03~-01085**-**-002 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 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT (STREET ADDRESS NAME STREET ADDRESS

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

SIGNATURE:

CITY-ST-7/P