2002 UNIFORM BUSINESS REPORT (UBR) Ä9400000947 **DOCUMENT #** 1. Entity Name FILFD LAMAR M. ADAMS LIMITED PARTNERSHIP 02 JAN 18 PH 10: 21 Principal Place of Business Mailing Address SECRETARY OF STATE % R. WADE ADAMS, FIFTH FLOOR, CONCORD BLDG % R. WADE ADAMS, FIFTH FLOOR, CONCORD BLDG TALLAHASSEE, FLORIDA 66 WEST FLAGLER 66 WEST FLAGLER MIAMI FL 33130 MIAMI FL 33130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 65-0505340 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADAMS, R. WADE Street Address (P.O. Box Number is Not Acceptable) **66 WEST FLAGLER** FIFTH FLOOR, CONCORD BUILDING **MIAMI FL 33130** 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. ed name of registered agent and title if applicable 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$3,624,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. 3624 000 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 DOCUMENT # STREET ADDRESS NAME adams, R. Wade STREET ADDRESS 6399 S.W. 100TH STREET CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME ADAMS, RICHARD B JR STREET ADDRESS **4121 BONITA AVENUE** CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33133 700004794707--5 -01/24/02--01077--001 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 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 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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

61-1502 Davime Phone #

CR2E003 (9/01)