APPRUEL

2002 UNIFORM BUSINESS REPORT (UBR)

A94000001680 DOCUMENT # 1. Entity Name 02 APR 15 PM 12: 23 THE MATERA FAMILY LIMITED PARTNERSHIP SECRETARY OF STATE TAULAHASSEE, FLORIDA Principal Place of Business Mailing Address SOUTH SEAS CLUB. TOWER III. PH 1906 SOUTH SEAS CLUB. TOWER III. PH 1906 380 SEA VIEW COURT 380 SEA VIEW COURT MARCO ISLAND FL 33937 MARCO ISLAND FL 33937 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 65-0547502 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 MATERA, JOHN Street Address (P.O. Box Number is Not Acceptable) SOUTH SEAS CLUB, TOWER II, PH 1906 380 SEA VIEW COURT MARCO ISLAND FL 33937 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. 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 \$4,000,000.00 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 12. ADDRESS CHANGES ONLY DOCUMENT # CR2E003 (9/01) STREET ADDRESS MATERA, JOHN 380 SEA VIEW COURT, SOUTH SEAS CLUB STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 33937 CITY-ST-ZIP DOCUMENT # STREET ADDRESS -04/19/02--01089--020 NAME MATERA, MARGARET ****526.25 ****526.25 STREET ADDRESS 380 SEA VIEW COURT, SOUTH SEAS CLUB CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL 33937 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-ZIE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

CITY-ST-ZIP

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:

CITY-ST-ZIP

4-2-02 - 941-394-8706