2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 02, 2000 8:00 am Secretary of State A94000001735 DOCUMENT # 1. Entity Name B.O.B. TALLAHASSEE PARTNERS, LTD. Mailing Address Principal Place of Business 1800 THOMASVILLE ROAD 1800 THOMASVILLE ROAD TALLAHASSEE FL 32303-5710 TALLAHASSEE FL 32303 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3266255 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DYE, DON D Street Address (P.O. Box Number is Not Acceptable) 317 E CALL ST TALLAHASSEE FL 32301 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. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$125,000.00 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 12. P94000054759 DOCUMENT# STREET ADDRESS B.O.B. TALLAHASSEE, INC. NAME 1800 THOMASVILLE ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZEP ****526.25 ****526.25 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP DOCHMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS

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 hall 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-7IP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

AGNATUSE JEWURED

2-2-00

850-222-2157

Date

Davtime Phone #