


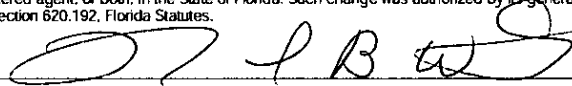
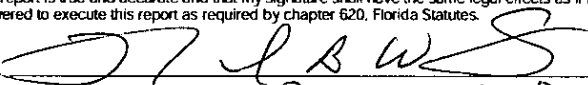
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

10f2

02 MAY -7 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED PARTNERSHIP</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>A95000000 652</b> 1. Name of Limited Partnership <b>BFBC LTD</b>			
2. Principal Office Address <b>2234 S.E. MONTROSE LN</b> Suite, Apt. #, etc. City & State <b>Port St Lucie</b> Zip Country <b>34952 USA</b>		3. Mailing Office Address <b>2234 S.E. MONTROSE LN.</b> Suite, Apt. #, etc. City & State <b>Port St. Lucie</b> Zip Country <b>34952 USA</b>	
4. Date Formed or Registered To Do Business in Florida <b>4-25-1995</b>			
5. FEI Number <b>582171268</b>		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7a. Capital Contributions as shown on Record: <b>1,967,373</b>			
7b. Amount of Capital Contributions in FLORIDA to date: <b>5,243,293</b>			
<b>FEES:</b> 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
8. Name and Address of Current Registered Agent Name <b>RICHARD B. WORTH</b> Street Address (P.O. Box Number is Not Acceptable) <b>2234 S.E. MONTROSE LN</b> Suite, Apt. #, Etc. City <b>Port St Lucie</b> State <b>FL</b> Zip Code <b>34952</b>			
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)  DATE <b>5-6-02</b>			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
10. Name(s) of General Partner(s) <b>BFBC COMPANY</b>	Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>2234 S.E. MONTROSE LANE</b>	City, State and Zip Code <b>Port St. Lucie FL 34952-6065</b>	10a. Registration Document Number <b>P950000 10593</b>
5000005482615---E -05/08/02--01001---004 ***3868.75 ***2113.75			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE  DATE <b>5-6-02</b> Typed or Printed Name of General Partner Signing Form <b>RICHARD B. WORTH</b> Telephone Number <b>561-335-9033</b>			

CR2E039 (9/01)

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**May 6, 2002**  
**2234 S. E. Montrose Lane**  
**Port St. Lucie, Florida 34952-6065**  
**561-335-9033**

**Department of State**  
**Attn: Partnership Section**  
**409 East Gaines St.**  
**Tallahassee, Fl 32399**  
**Attention: Trevor**

**Dear Trevor,**

**Enclosed is a reinstatement form for BFBC Ltd. and the \$2,105.00 fees for the Filing Fee and the Partnership Supplemental Fee for the years due, an additional Fee of \$8.75 required for a certificate of statues and \$1,750.00 for the supplemental affidavit of capital contributions.**

**We did not file for the previous years because the forms were never received. We request that you grant us an exemption from the Penalty Fee.**

**Thank you for your assistance.**

**Sincerely,**

A handwritten signature in black ink, appearing to read 'R. B. Worth', with a stylized flourish at the end.

**Richard B. Worth**