2000 UNIFORM BUSINESS REPORT (UBR) A95000000735 DOCUMENT # 1. Entity Name FILED SCORE TARY OF STATE DIVISION OF CORPORATIONS HILLSBORO-LYONS INVESTORS, LTD. 00 APR 27 AM 3: 05 Principal Place of Business Mailing Address 7443 LEE DAVIS ROAD. SUITE 300 4403 W. HILLSBORO BLVD. MECHANICSVILLE VA 23111-4400 COCONUT CREEK FL 33073 2. Principal Place of Business 3. Mailing Address Hwy One 201 North U.S. 201 North U.S. Hwy One DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. D-5D -- 5 Applied For City & State 4. FEI Number City & State 65-0590660 Not Applicable Jupiter, Jupiter Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 33477 Palm Beach 33477 Palm Beach 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOYLE, CONRAD J ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O MOMBACH, BOYLE & HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE FL 33394-3029 Zip Code City 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 Capital Contributions \$1.050.000.00 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 13. 12. P95000031463 DOCHMENT # STREET ADDRESS 201 North U.S. Hwy One, D-5 HILLSBORO-LYONS CORP. NAME 7443 LEE DAVIS ROAD, SUITE 300 STREET ADDRESS CITY-ST-ZIP **MECHANICSVILLE VA 23111** Jupiter, FL 33477 CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# 400003260474 STREET ADDRESS NAME :05/19/00--01123--016 STREET ADDRESS ****526.25 ****526.25 CITY-ST-ZIP CITY-ST-7E 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 ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 14. I hereby certify that the information supplied with this filing/does not enable to 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

4-24-00