|      | ,              |                 |               |       |
|------|----------------|-----------------|---------------|-------|
| 2000 | <b>UNIFORM</b> | <b>BUSINESS</b> | <b>REPORT</b> | (UBR) |

| 1. Entity Name  NORTHPORT PARTNERS LTD.  |  |  |                              |  | FILED<br>SECRETARY OF STATE<br>DIVISION OF CORPORATIO                       | NS   |   |  |
|--|--|--|------------------------------|--|---|--|---|--|
| Principal Place of Business  340 ROYAL POINCIANA PLAZA WAY  SUITE 305  PALM BEACH FL 33480  Mailing Address  340 ROYAL POINCIA  SUITE 305  PALM BEACH FL 33480 |  | NA PLAZA WAY   |                              | 00 APR 17 AM 11: 4:                                | 3   |  |   |  |
| 2. Principal P   | lace of Business   | 3. Mailing Address   |                              |  |   | # <b>                                     </b> |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  | Suite, Apt. #, etc.          |  | DO NOT WRITE IN THIS SPACE  |  |   |  |
| City & State   |  | City & State   | City & State                 |  | 4. FEI Number 65-06090  | lumber <b>65-0609037</b> Applied Not Ap        |   |  |
| Zip  | Country  | Zip  | Coun                         | ntry   | 5. Certificate of Status Desire   |  | 8.75 Additional<br>ee Required                      |  |
| * * <u>*</u>   | 6. Name and Address of Cu  | rrent Registered Agent   |                              | Name   | 7. Name and Address of New  | w Registered Ag                                | ent   |  |
| JENKINS,   | JAMES C<br>AL POINCIANA PLAZA  |  |                              | Street Address (P.O. Box Number is Not Acceptable) |   |  |   |  |
|  | ACH FL 33480   |  |                              |  |   |  |   |  |
|  |  |  |                              | City   |   | FL   | Zip Code  |  |
| 8. The above   | named entity submits this statem   | ent for the purpose of changir   | ng its register              | ed office or regis                                 | tered agent, or both, in the State of                                       | Florida.                                       |   |  |
| SIGNATURE .  | Signature, typed or printed name of registered   | d agent and title if applicable.   | (NOTE: Registere             | ed Agent signature requ                            | ired when reinstating)  | DATE   |   |  |
| 9. Capital Co  |  | .00 10. Amount of 0 in FLORIDA   |                              | butions  | 11. MAKE C<br>SEE REV   | HECK PAYABLE T<br>PERSE SIDE FOR               | O DEPT. OF STATE<br>FEE INFORMATION                 |  |
|  | A GENERAL PARTN  | IER THAT IS A BUSINESS   | S ENTITY M                   | UST BE REGI  | STERED AND ACTIVE WITH ent must be filed to change a                        | THIS OFFICE.                                   |   |  |
| 12.  | GENERAL PAF  | RTNER INFORMATION  | 13.                          |  |   | CHANGES ONLY                                   |   |  |
| DOCUMENT#<br>NAME  | L02231<br>ESKO PROPERTIES, INC.  |  | SIR                          | EET ADDRESS 34                                     | O ROUAL PONCIAN   | A WAY-   | SLITE 305   |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 305 ROYAL POINCIANA PL<br>PALM BEACH FL 33480  | AZA  | СПУ                          | '-ST-ZIP   |   |  |   |  |
| DOCUMENT#<br>NAME  |  |  | STR                          | EET ADDRESS  |   |  |   |  |
| STREET ADORESS   |  |  | СПТУ                         | ∕-ST-ZIP   |   |  |   |  |
| DOCUMENT /   | ,  |  | - STR                        | EET ADDRESS  |   | 32384  | 611   |  |
| NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |  | CITY                         | r-ST-ZIP   |   | 9 <mark>3/0001</mark><br>\$526.25              | ****526 <b>.</b> 25                                 |  |
| DOCUMENT#  |  |  | STR                          | EET ADDRESS  |   |  |   |  |
| NAME<br>STREET ADDRESS   |  |  | CITY                         | /-ST-ZIP   |   |  | <u>.</u>  |  |
| CITY-ST-ZIP<br>DOCUMENT#   |  | +++  |                              | CT ADDRESS   |   |  | ·   |  |
| NAME<br>STÊÆET ADDRESS   |  |  |                              | EET ADDRESS  |   |  |   |  |
| CITY-ST-ZIP  |  |  | CITY                         | /-ST-ZIP   |   |  | <u></u> .   |  |
| DOM_IMENT#<br>NAME   | ,  |  | STR                          | EET ADDRESS  |   |  |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                              | r-ST-ZIP   |   |  |   |  |
| indicated  | on this report is true and accurate or trustee empowered to exec   | e and that my signature shall ute this report as required by the control of the c | have the sam<br>Chapter 620, | e legal effect as<br>Florida Statutes              | Section 119.07(3)(i), Florida Statut<br>if made under oath; that I am a Gel | es. I further certif<br>neral Partner of th    | y that the information<br>ne limited partnership or |  |
| SIGNAT   | URE: SITATION OF THE PARTY OF T | URE REQUIREMENT  |                              |  |   |  | 1 833 4211<br>time Phone #                          |  |
|  | EXECUTIVE V  | THE TRESIDEN   | VT ES                        | w , ape  | MI (E-D) INC.   |  |   |  |