CR2E003 (11/00)

| DOCU 1. Entity Nar | JMENT# | 495000 | 0001051 | | | | | | |
|---|--|---|---|---|--|---|---|---|--|
| MCCULLERS PROPERTIES, LTD. | | | | | FIL | ĘD | | | |
| Principal Place of Business | | | Mailing Address | 01 | MAY -2 | AM 11: 57 | 7 | | |
| 6 CREEK VIEV ORMOND BEA | W WAY ACH FL 32174 | | 6 CREEK VIEW WAY ORMOND BEACH FL 3217 | 74 ŞI ÇA | ECRETARY ILLAHASSE | OF STATE E. FLORIDA | 3020 (0)20 0)() 002() 002() | | 1 (1871 8818) 8 145) (48) (98) |
| 2. Principal f | Place of Business | | 3. Mailing Address | | <u></u> | | | i i i i i i i i i i i i i i i i i i i | (|
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | - | | DO NOT WRITE IN THIS SPACE | | | |
| City & Sta | ite | | City & State | | | 4. FEI Number | | | Applied For Not Applicable |
| Zip | , Country | | Zip | Country | <i>(</i> | | of Status Desired | Fe | 8.75 Additional ee Required |
| | 6. Name and Addres | ss of Current Re | egistered Agent - | | Name | 7. Name and | Address of New Registe | ered Age | ent |
| | O CHARTER SERVICES NOLIA AVE. | 3, INC. | | ! | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| DAYTONA BEACH FL 32114 | | | | - | City | | | FL | Zip Code |
| | | | | I | | | | T L. | |
| The above | anamed entity submits this | s statement for t | he ourpose of changing its | registered (| office or register | ed agent, or both | n in the State of Florida. | | |
| | • | s statement for t | he purpose of changing its | egistered | office or register | ed agent, or both | n, in the State of Florida. | | |
| SIGNATURE | Signature, typed or printed name of | | Little if applicable. (NOTE | Registered Ag | gent signature required | | | DATE | |
| | Signature, typed or printed name on printed name on record. \$1,19 | of registered agent and | d title if applicable. (NOT: 10. Amount of Capit. in FLORIDA to d | Registered Ag I Contributi | gent signature required tions 190,963 | when reinstating) | 11. MAKE CHECK PAN SEE REVERSE SII | YABLE TO DE FOR I | D DEPT. OF STATE |
| SIGNATURE . | Signature, typed or printed name of ontributions on record. \$1,19 | of registered agent and 0,963.00 PARTNER TH | 10. Amount of Capit | Registered Ag I Contributi | gent signature required tions 190,963 | when reinstating) • FERED AND A | 11. MAKE CHECK PAN SEE REVERSE SII CTIVE WITH THIS OF | YABLE TO DE FOR I | FEE INFORMATION 1 |
| 9. Capital Coas Shown | Signature, typed or printed name of partributions on record. \$1,196 A GENERAL NOTE: General F | of registered agent and 0,963.00 PARTNER TH | 10. Amount of Capitin FLORIDA to d | Registered Ag Contributi te. \$1, ITTY MUS e form; a | gent signature required tions 190,963 ST BE REGIST an amendmen | when reinstating) • FERED AND A | 11. MAKE CHECK PAN SEE REVERSE SII CTIVE WITH THIS OF | YABLE TO DE FOR I FFICE. al partne | FEE INFORMATION 1 |
| 9. Capital Co as Shown 12. DOCUMENT # NAME | Signature, typed or printed name of partributions on record. \$1,19 A GENERAL NOTE: General F GENERAL MCCULLERS, JOHN V 6 CREEK VIEW WAY | of registered agent and 0,963.00 PARTNER TH Partners MAY RAL PARTNER # | 10. Amount of Capitin FLORIDA to d | Registered Ag I Contributi te. \$1, | gent signature required tions 190,963 ST BE REGIST an amendmen | when reinstating) • FERED AND A | 11. MAKE CHECK PA) SEE REVERSE SII CTIVE WITH THIS OF I to change a genera | YABLE TO DE FOR I FFICE. al partne | FEE INFORMATION ! |
| SIGNATURE 9. Capital Coas Shown 12. DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # | Signature, typed or printed name of printed na | O,963.00 PARTNER TH PARTNER II RAL PARTNER II W 32174 | 10. Amount of Capitin FLORIDA to d | Registered Ag I Contributi te. \$ 1 , ITY MUS e form; a 13. STREET A | gent signature required tions 190,963 ST BE REGIST an amendmen | when reinstating) • FERED AND A | 11. MAKE CHECK PA) SEE REVERSE SII CTIVE WITH THIS OF I to change a genera | YABLE TO DE FOR I FFICE. al partne | FEE INFORMATION ! |
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4/30/01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER SIGNATURE: _ Daytime Phone #