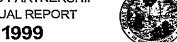
FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS 98 DEC 28 AM 9: 44 DOCUMENT # 1. Name of Limited Partnership A95000001155 THE VERZAAL FAMILY LIMITED PARTNERSHIP 3. Date Formed or Registered 5a. Capital Contributions as Shown on record. Mailing Address Principal Office Address 07/31/1995 P.O. BOX 6206 5400-FERNDALE-DRIVE \$2,000,000.00 DELRAY BEACH FL 33482 3a. Date of Last Report DELRAY BEACH FL 33482+ 12/05/1997 5b. Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address 1,565, 100 5220 FLAUOR Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number 🗖 Applied For Not Applicable 65-0642904 City & State City & State \$8.75 Additional Fee Required 7. Certificate of Status Desired BOUNTON Zip Country Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office VERZAAL, ADRIAN R SR. Street Address (P.O. Box Number Is Not Acceptable) 960 GARDINIA DRIVE Suite, Apt. #, etc. **DELRAY BEACH FL 33483** Zip Code 10a. 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 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) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ Document Numbe 11. Name(s) of General Partner(s) City, State & Zip Code VERZAAL, ADRIAN R SR. 960 GARDINIA DRIVE **DELRAY BEACH FL 33483** VERZAAL, ADRIAN R JR 210 CAPTAINS WALK UNI DELRAY BEACH FL 33483 000002742340- --01/14/39--01088*-*012 ****526, 25 ****526.25 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the eyent that the information supplied is deemed exempt from putilic 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 perinership, receiver or trustee empowered to execute this report as required by chapter 624. Florida Statutes. SIGNATURE V

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number