2002	2 UNIFO	RM BUSI	NESS REPO	RT (UBR)							
DOCUMENT # A9500001167 1. Entity Name							FILED					
MYERS WORLDWIDE INVESTMENTS, LIMITED							02 MAR 25 PM 1: 50					
							SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business Mailing Address 320 CORPORATE WAY, STE. 200 ORANGE PARK FL 32073 Mailing Address 320 CORPORATE WAY, STE ORANGE PARK FL 32073								TALUAHA	ŠŠĖE, FI	ĽÓRÍÓ	A H H	
2. Principal Place of Business 3. Mailing Address							$\mathcal{L}^{\parallel \parallel \parallel \parallel \parallel}$	 	48		j š 11 11. g jšil š 501 š 6 01	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				1	DUE B	Y MAY 1, 2	2002		
City & State			City & State		4. FEI Number 59-3331379			79	,	Applied For Not Applicable		
Zip	Country		Zip	Country	/	5. Certificate of Status De-			Fee Required			
6. Name and Address of Current Registered Agent					Name I	7. Name and Address of New Registered Agent						
GIEEBEIG, LEAH B 320 CORPORATE WAY						reet Address (P.O. Box Number is Not Acceptable)						
SUITE 200												
ORANGE PARK FL 32073					City	FL Zip Code					p Code	
8. The above	named entity sub	mits this statement for	the purpose of changing its	registered	office or reg	istered a	gent, or both	n, in the State of	Florida.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.								<u> </u>	7-02 DATE	<u> </u>		
9. Capital Contributions as Shown on record. \$7,100,000.00 10. Amount of Capital (in FLORIDA to date) in FLORIDA to date					itions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION						
	A GEN NOTE: Ge	ERAL PARTNER T neral Partners MA	HAT IS A BUSINESS EN Y NOT be changed on th	TITY MU ne form;	ST BE REC	GISTER ment m	ED AND A	CTIVE WITH 'd to change a	THIS OFFICE general p	CE. artner.		
12. GENERAL PARTNER INFORMATION								ADDRESS C	CHANGES O	NLY		
DOCUMENT # NAME	P95000048595 America — MYERS INVESTMENTS OF JACKSONVILLE, INC.				ADDRESS							
STREET ADDRESS CITY-ST-ZIP	320 CORPOR ORANGE PAR	CITY-S	T-ZIP	<u> </u>					97 025			
DOCUMENT # NAME	Amendment how been filed				ADDRESS	****535.UU ****535.UU						
STREET ADDRESS CITY-ST-ZIP					T-21P	#F \$526.25 ous 8.75					a5	
DOCUMENT # NAME). 		a ·	STREET	ADDRESS			ou	25	8.7	'5 	
STREET ADDRESS				CITY-S	T-ZIP						سرسورونسور مجسد الد	
DOCUMENT #				STREET	ADDRESS							
STREET ADDRESS CITY-ST-ZIP				CITY-S	T-ZIP							
DOCUMENT # NAME			-	STREET	ADDRESS							
STREET ADDRESS CITY-ST-ZIP		·-····		CITY-S	T-ZIP							
DOCUMENT 1				STREET	ADDRESS							

14. I hereby certify that the information supplied with this filing does not qualify for 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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-19.02 904.269.5857

Date Daytime Phone # 140