2002 UNIFORM BUSINESS REPORT (UBR) A95000001545 DOCUMENT # 1. Entity Name FILED REINHARTZ FAMILY LIMITED PARTNERSHIP 02 JUN 24 PM 4: 07 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE FLORIDA 205 ROLLINGWOOD TRAIL 205 ROLLINGWOOD TRAIL **ALTAMONTE SPRINGS FL 32714** ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 59-3369222 Zip Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUBINO, NICHOLAS J Street Address (P.O. Box Number is Not Acceptable) RUBINO, PEPPLER & ASSOCIATES, P.A. 159 LOOKOUT PLACE, SUITE 101 MAITLAND FL 32751 City Zip Code 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 9. Capital Contributions 10. Amount of Capital Contributions \$4,600,000.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # P95000074669 AHJKS GROUP, INC. NAME STREET ADDRESS 205 ROLLINGWOOD TRAIL STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS 300006047413--4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ****526.25 ****526.25 DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT (STREET ADDRESS STREET AUDPESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE: SIGNATURE AND TO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/02

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