2002 UNIFORM BUSINESS REPORT (UBR)

FILED A95000001566 DOCUMENT # 02 FEB 21 AM II: 05 1. Entity Name IMPERIAL TOWERS PARTNERS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1201 SOUTH ORLANDO AVE., SUITE 360 1201 SOUTH ORLANDO AVE., SUITE 360 WINTER PARK FL 32789 WINTER PARK FL 32789 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** Applied For City & State City & State 4. FEI Number 59-3338886 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STRONG, DAVID C Street Address (P.O. Box Number is Not Acceptable) 1201 SOUTH ORLANDO AVE., SUITE 360 WINTER PARK FL 32789 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, typed or printed name of registered agent and title if applicable 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$1,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. CR2E003 (9/01) P97000067597 DOCUMENT # STREET ADDRESS STRONG/IMPERIAL, INC. NAME 1201 S. ORLANDO AVE., #360 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 03/07/02--01062-DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-€IP DOCUMENT #) STREET ADDRESS NAME STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAMÈ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1 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

General Partner

Imperial, Inc., General Pa ATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

407/629-1800 1/25/02

Date

Daytime Phone #