2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001955

1. Entity Name
THE KENNETH WOLOFSKY FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 27 AM 11:33

Principal Place of Business	Mailing Address
400 LESLIE DR, SUITE 215 HALLANDALE, FL 33009	400 LESLIE DR, SUITE 215 HALLANDALE, FL 33009

	3. Mailing Address
150 Canterbury Lane Palm Beach, FL 33480	150 Canterbury Lane Palm Beach, FL 33480
City & State	
Zip / Country	Zip / Country

DUE BY MAY 1, 2003

4. FEI Number 65-0704665 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLOFSKY, KENNETH 150 CANTERBERRY LANE PALM BEACH, FL 33480	Name: MOIRA WOLOFSKY Street Address (P.O. Box Number is Not Acceptable): 150 CANTERBURY LANE City: PALM BEACH FL Zip Code: 33480

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/28/03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $3,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 13,113

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000065969	STREET ADDRESS	
NAME	EQUITY ONE INVESTMENTS, INC.		
STREET ADDRESS	150 CANTERBERRY LANE	CITY-ST-ZIP	
CITY-ST-ZIP	PALM BEACH, FL 33480		
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STAPLE CHECK HERE

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] 4/28/03 954-925-2990
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #