2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAY -6 PM 7:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

0012071 AT

DOCUMENT # A95000002020

1. Entity Name
THE KLATT FAMILY LIMITED PARTNERSHIP #1

Principal Place of Business	Mailing Address
4269 HYPOLUXO ROAD LANTANA FL 33462	P.O. DRAWER 1240 BOYNTON BEACH FL 33425

2. Principal Place of Business	3. Mailing Address
9290 Nickels Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach, FL	City & State
Zip: 33425 Country	Zip Country

DUE BY MAY 1, 2003

4. FEI Number 65-0663485 ☐ 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
SCHROEDER, MICHAEL A SCHROEDER AND LARCHE, P.A. 2255 GLADES RD., STE. 319 ATRIUM BOCA RATON FL 33431	Name: Schroeder, Michael A. Esq. Street Address (P.O. Box Number is Not Acceptable): Schroeder and Larche, P.A. 120 East Palmetto Park Rd., Suite 150 City: Boca Raton FL Zip Code: 33432

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: Michael A Schroeder DATE: January 29, 2003
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$50,000,000.00		

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 #	P95000095304	STREET ADDRESS	9290 Nickels Blvd.
NAME	KLATT, INC.	CITY-ST-ZIP	Boynton Beach, FL 33425
STREET ADDRESS	4269 HYPOLUXO ROAD		
CITY-ST-ZIP	LANTANA FL 33462-3401		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	800018294258
NAME		CITY-ST-ZIP	05/06/03--01060--007 **526.25
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (10/02)

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: Richard Klatt PRESIDENT 4-22-03 561 732-3861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #