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2002 UNIFORM BUSINESS REPORT (UBR) A95000002103 FILED DOCUMENT # 1. Entity Name MAY -1 PM 5: 14 DEL ROSAL INVESTMENT PARTNERS, LTD. SECRETARY OF STATE Principal Place of Business Mailing Address 9400 OLD CUTLER LANE 100 S.E. 2ND STREET, SUITE 4000 CORAL GABLES FL 33156 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 201 S. Biscayne Blyd Suite, Apt. #, etc. Suite, Apt. #, etc. 34th Floor Miami Center **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 65-0682045 Miami, Florida Not Applicable Zip Country Country USA \$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 Ignacio G. del Valle, Esq. RJVF CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd., Suite 3400 200-S BISCAYNE BLVD., STE #4100 **MIAMI FL 33131** Miami Center City Miami 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. typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$775,000.00 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 P95000096763 DOCUMENT # CR2E003 (9/01) STREET ADDRESS NAME BIONNE, INC. Biscavne Blvd. / Suite 3400 100 S.E. 2ND STREET, SUITE 4000 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP Miami Center; Miami, Florida 33131 DOCUMENT # 600005510066-STREET ADDRESS STREET ADDRESS ****528.25 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 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 his report as required by Chapter 620, Florida Statutes.

Bit onne, Inc., a Florida corporation as General Partner SIGNATURE: 4/15/02 305 661 8**28**6