2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A96000000025 1. Entity Name THE ERNA SIMON FAMILY PARTNERSHIP, LTD. FILED JAN 29 MID-58 Principal Place of Business Mailing Address C/O DAVID S. EISEN C/O HELGA BAGAN SECRETARY OF STATE 1250 DEERE PARK LANE 3590 SOUTH OCEAN BLVD. PALM BEACH FL 33480 DEERFIELD IL 60015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. . . Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4., FEI Number 65-0634816 Not Applicable Zip 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 Name BAGAN, HELGA Street Address (P.O. Box Number is Not Acceptable) 3590 SOUTH OCEAN BLVD. PALM BEACH FL 33480 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** 10. Amount of Capital Contribution in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$860,154.35 as Shown on record. 860 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 F96000000070 CR2E003 (11/00 DOCUMENT # STREET ADDRESS NAME SIMON-EISEN HOLDINGS, INC. 1250 DEERE PARK LANE STREET ADDRESS CITY-ST-ZIP DEERFIELD IL 60015 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 400003655004-DOCUMENT # STREET ADDRESS -02/06/01--01111--012 NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER