2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # A96000000181 FILED 1. Entity Name SECRETARY OF STATE CHARLES W. & JULIA T. CHERRY FAMILY LIMITED PART DIVISION OF CORPORATIONS 00 MAR -6 PM 5: 29 Mailing Address Principal Place of Business 427 S. DR. MARTIN L. KING BLVD. 427 S. DR. MARTIN L. KING BLVD. DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3486539 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHERRY, CHARLES W Street Address (P.O. Box Number is Not Acceptable) 427 S. DR. MARTIN L. KING BLVD. DAYTONA BEACH FL 32114 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$100.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. 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 13. 12. DOCUMENT# STREET ADDRESS 429 South Martin Luther King, Jr. Blvd. NAME CHERRY, CHARLES W 429 MARTIN LUTHER KING, JR. BLVD STREET ADORESS CFTY - ST - ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP DOCUMENT# STREET ADDRESS 429 South Martin Luther King, Jr. Blvd. CHERRY, JULIA T NAME STREET ADDRESS 429 MARTIN LUTHER KING, JR. BLVD CITY-ST-ZIP CITY-ST-Z# DAYTONA BEACH FL 32114 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ****141.25 ****141,25 DOCUMENT # 4 ŧ STREET ADDRESS NAME 1 % STREET ADDRESS CITY-ST-ZIP CITY-ST-78 DOCUMENT# STREET ADORESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP t 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 it ue 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 Charles W. Cherry 3/2/00 904/253-0321

Daytime Phone #