## 2000 UNIFORM BUSINESS REPORT (UBR) APPROVED A96000001248 DOCUMENT # 1. Entity Name THE BRAND FAMILY LIMITED PARTNERSHIP 00 MAR 31 AM 10: 38 SECRETARY OF STATE Principal Place of Business Mailing Address TALL AHASSEE, FLORIDA 3405 S. PALM AVE. 3409 S. PALM AVE. APT. 412 APT. 412 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0686711 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRAND, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 3405 S. PALM AVE. APŤ. 412 SARASOTA FL 34236 Zip Code City 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 9. Capital Contributions 10. Amount of Capital Contributions \$733,040.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS BRAND, ROBERT L NAME ROBERT L. BRAND 1255 N. GULFSTREAM AVE., APT. 203 STREET ADDRESS 340 SOUTH PALM AVENUE CITY-ST-7IP SARASOTA FL 34236 CITY-ST-ZP SARASOTA, FLORIDA 34236 DOCUMENT# STREET ADDRESS BRAND, JOAN R NAME 1255 N. GULFSTREAM AVE., APT. 203 STREET ADDRESS CITY-ST-ZIP ROBERT L BRAND SARASOTA FL 34236 CITY-ST-ZIP 340 SOUTH PALM AVENUE DOCUMENT# SARASOTA, FLORIDA 34236 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 100003213581 -04/19/00--01002--DOCUMENT# STREET ADDRESS NAME \*\*\*\*528.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CDY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowering to execute his report as required by Chapter 620, Florida Statutes

SIGNATURE:

SHATURE KEDURE DKALL

3/28 /20 94/364 88 70