| 2001 UNIFORM BUSINESS REPORT (UBR)                                                                                            |                                                                                  |                                                                                 |                               |                          |                                                                                                                                 | FILED                                                                                                                    |                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--|
| DOCUMENT # A9600001266  1. Entity Name MIDWEST FISHERS, LTD.                                                                  |                                                                                  |                                                                                 |                               |                          |                                                                                                                                 | Mar 01, 2001 08:00 AM<br>Secretary of State                                                                              |                                                |  |
| Principal Plac                                                                                                                | e of Rusiness                                                                    | Mailing Address                                                                 |                               | ·                        |                                                                                                                                 |                                                                                                                          |                                                |  |
| 2 DATRAN CE<br>9130 S.DADEL<br>MIAMI<br>33156                                                                                 | INTER, #1528                                                                     | C/O CENTRES, INC., 2 DATRANS CENTER #1528 9130 S. DADELAND BLVD. MIAMI FL 33156 |                               |                          |                                                                                                                                 |                                                                                                                          |                                                |  |
| 2. Principal P                                                                                                                | Place of Business                                                                | 3. Mailing Address                                                              |                               |                          |                                                                                                                                 |                                                                                                                          |                                                |  |
| C/O CENTRES INC.  C/O CENTRES INC.  Suite, Apt. #, etc.  Suite, Apt. #, etc.                                                  |                                                                                  |                                                                                 |                               |                          |                                                                                                                                 | DO NOT INDITE IN THIS COA                                                                                                | . <del>,</del>                                 |  |
|                                                                                                                               | LAND BLVD., #1528                                                                | · · · ·                                                                         | 9130 S. DADELAND BLVD., #1528 |                          |                                                                                                                                 | DO NOT WRITE IN THIS SPACE                                                                                               |                                                |  |
| City & Stat                                                                                                                   |                                                                                  | City & State                                                                    | '                             |                          |                                                                                                                                 | 4. FEI Number                                                                                                            | Applied For                                    |  |
| MIAMI<br>Zip                                                                                                                  | Country                                                                          | Zip                                                                             | Cour                          | Itrv                     |                                                                                                                                 | 39-1856856                                                                                                               | Not Applicable  75 Additional                  |  |
| 33156                                                                                                                         |                                                                                  | 33156                                                                           |                               |                          |                                                                                                                                 |                                                                                                                          | Required                                       |  |
| 6. Name and Address of Current Registered Agent  MIDWEST FISHERS, INC. 2 DATRAN CENTER, #1528 9130 S.DADELAND BLVD.  MIAMI FL |                                                                                  |                                                                                 |                               | 2 DATRA                  | ddress (F<br>AN CENT                                                                                                            | 7. Name and Address of New Registered Agent  ARNOLD D  SS (P.O. Box Number is Not Acceptable) EENTER, #1528  LLAND BLVD. |                                                |  |
| 33156 US                                                                                                                      |                                                                                  |                                                                                 |                               | City<br>MIAMI            | FL   Zip Code   33156                                                                                                           |                                                                                                                          |                                                |  |
| SIGNATURE .                                                                                                                   | N, SR. VP                                                                        | TE: Registere                                                                   | d Agent signatu<br>butions    |                          | ed agent, or both, in the State of Florida.  03/01/20 when reinstating)  DATE  11. MAKE CHECK PAYABLE TO SEE REVERSE SIDE FOR F | DEPT. OF STATE                                                                                                           |                                                |  |
|                                                                                                                               | A GENERAL PARTNER                                                                | THAT IS A BUSINESS E                                                            | NTITY M                       | UST BE F                 | REGIST                                                                                                                          | ERED AND ACTIVE WITH THIS OFFICE.                                                                                        | to the second second second second second      |  |
| NOTE: General Partners MAY NOT be changed on the<br>12. GENERAL PARTNER INFORMATION                                           |                                                                                  |                                                                                 |                               | 13. ADDRESS CHANGES ONLY |                                                                                                                                 |                                                                                                                          |                                                |  |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP                                                                                    | MIDWEST FISHERS, INC. 3315 NORTH 124TH STREET, SUITE E BROOKFIELD WI 53005       |                                                                                 |                               | EET ADORESS<br>'- ST-ZIP | 9130 S.<br>MIAMI                                                                                                                | 30 S. DADELAND BLVD., #1528  IAMI FL 33156                                                                               |                                                |  |
| DOCUMENT #                                                                                                                    |                                                                                  |                                                                                 | STR                           | EET ADDRESS              |                                                                                                                                 |                                                                                                                          |                                                |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                         |                                                                                  |                                                                                 |                               | -ST-ZIP                  | · •                                                                                                                             | <del></del>                                                                                                              |                                                |  |
| DOCUMENT #<br>NAME                                                                                                            |                                                                                  |                                                                                 | STR                           | EET ADDRESS              |                                                                                                                                 |                                                                                                                          |                                                |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 |                                                                                  | ·                                                                               | CITY                          | '-ST-ZIP                 |                                                                                                                                 |                                                                                                                          |                                                |  |
| DOCUMENT # NAME STREET ADDRESS                                                                                                |                                                                                  |                                                                                 | STR                           | EET ADDRESS              |                                                                                                                                 |                                                                                                                          |                                                |  |
| CITY-ST-ZIP                                                                                                                   |                                                                                  |                                                                                 | CITY                          | '-ST-ZIP                 |                                                                                                                                 |                                                                                                                          | * ***                                          |  |
| NAME                                                                                                                          |                                                                                  |                                                                                 | STR                           | EET ADDRESS              |                                                                                                                                 |                                                                                                                          |                                                |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 |                                                                                  | ,                                                                               | CITY                          | '-ST-ZIP                 |                                                                                                                                 |                                                                                                                          |                                                |  |
| DOCUMENT #<br>NAME                                                                                                            |                                                                                  |                                                                                 | STR                           | EET ADDRESS              |                                                                                                                                 |                                                                                                                          |                                                |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 |                                                                                  |                                                                                 | CITY                          | '-ST-ZIP                 |                                                                                                                                 |                                                                                                                          |                                                |  |
| indicated                                                                                                                     | ion this report is true and accurate ar<br>ver or trustee empowered to execute t | nd that my signature shall have this report as required by Cha                  | e the sam                     | e legal effe             | ct as if m                                                                                                                      | ction 119.07(3)(I), Florida Statutes. I further certify<br>lade under oath; that I am a General Partner of the           | that the information<br>limited partnership or |  |
| SIGNAT                                                                                                                        | URE: <u>DAVID KECHARLI</u>                                                       | ON, SR VP                                                                       | RAL PARTNI                    | FR.                      | ···                                                                                                                             | VAST 03/01/2001  Date Daytin                                                                                             | ne Phone #                                     |  |

03/01/2001 Date

Daytime Phone #