LIMITED PARTNERSHIP

SECRETARY OF STATE OF STATE OF STATE OF CORPORATIONS **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** A96000001859 02 MAR - 1 PM 2:57 1. Entity Name 444 BUNKER ROAD, LTD. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 166 Harvard Dr. 166 Harvard Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1** City & State Applied For City & State Not Applicable Lake Worth FL 33460 Lake Worth FL. 65-0698679 Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Philip V. Spinelli DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)
166 Harvard Drive IN THIS SPACE City Zin Code 0 Lake Worth 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 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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 12. DOCUMENT # P96000061976 STREET ADDRESS NAME 444 Bunker Road, Inc. 400005063994--3 STREET ADDRESS 166 Harvard Dr. CITY-ST-ZIP CITY-ST-ZIP <del>-03/07/02--01043--001</del> Lake Worth, FL 33460 \*\*\*\*141.25 \*\*\*\*141.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT **#** STREET ADDRESS NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST:7IP IN THIS SPACE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS

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

CITY-ST-7IP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

PAULB. SPINELLI

3/1/02 582.2796