## APPRUAL. 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A9600001987 03 JUN 25 AM 10: 55 1. Entity Name REALTY ASSET PROPERTIES HR, LTD. SEUBENARY OF STATE FAMILIANASSEE. FLORIDA Mailing Address Principal Place of Business 3950 RCA-BLVD., STE, 5001 - 3950 RCA BLVD., STE, 5001 PALM BEACH CARBENS, FL. 33410 -PALM BEACH GARDENS, FL 33410 3960 RCA Blvd. Suite 6002 3960 RCA Blvd. Suite 6002 Palm Beach Gardens, 33410 Palm Beach Gardens, 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 City & State City & State 4. FE! Number Applied For 58-2265703 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. DATE 10. Amount of Capital Contributions 9. Capital Contributions MAKE CHECK PAYABLE TO FLEDEPT OF STATE \$ 7,500.00 as Shown on record. \$7,500.00 in FLORIDA to date. 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. P96000043693 DOCUMENT # STREET ADDRESS REALTY ASSET PROPERTIES GP, INC. NAME STREET ADDRESS 3950 RCA BLVD., STE. 5001 CITY - ST - ZIP PALM BEACH GARDENS, FL 33410 CITY -ST-ZIP <del>- 400021132604</del> 06/25/03--01030--025 \*\*32 DOCUMBAT # STREET ADDRESS NAME STREET ADDRESS City - ST- 7IP CITY-ST-2IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP DOCUMENT # STREET ADDRÉSS NAME STREET ADDRESS CITY-ST-ZIP CITY-S1-2IP DOCUMENT #

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

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Bruce R. Wentworth, President & C E O

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