2000 UNIFORM BUSINESS REPORT (UBR)

FILED A96000001994 May 02, 2000 8:00 am, Secretary of State DOCUMENT # 1. Entity Name HUFFSTETLER FAMILY PARTNERSHIP, LTD. Mailing Address Principal Place of Business 429 EAST MAGNOLIA AVENUE 429 EAST MAGNOLIA AVENUE EUSTIS FL 32726 EUSTIS FL 32726-3551 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3407488 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required - . 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAUL, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 429 EAST MAGNOLIA AVENUE EUSTIS FL 32726 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 Fiorida. 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 \$6,300,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT# STREET ADDRESS HUFFSTETLER, LESLIE R., JR., TRUSTEE NAME 3350 COMMERCIAL WAY STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34606-2617 CITY-ST-ZIP DOCHMENT # STREET ADDRESS PAUL, RICHARD A TRUSTEE 300003284073--NAME 06/12/00--01009--020 429 E. MAGNOLIA AVE. STREET ADDRESS CITY-ST-ZIP ****526.25 EUSTIS FL 32726 ****526.25 CITY-ST-7IP DOCUMENT# STREET ADDRESS ROU, ANN H TRUSTEE NAME 2000 COUNTRY CLUB DR. STREET ADDRESS CITY-ST-ZIP EUSTIS FL 32726 CITY-ST-7IP DOCUMENT # STREET ADDRESS HUFFSTETLER, MYRA TRUSTEE **421 SOUTH CENTER STREET** STREET ADDRESS CITY-ST-7IP EUSTIS FL 32726 CITY-ST-ZIP DOCUMENT A STREET ADDRESS CITY - ST - ZIP CITY-ST-ZP2 **DOCUMENT** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Date Date Date Destructions #