CR2E003 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # A9600002005 FILED 1. Entity Name JAMES FAMILY LIMITED PARTNERSHIP #1, LTD. 00 FEB 17 PM 2: 28 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 980 N. FEDERAL HWY., STE. 312 980 N. FEDERAL HIGHWAY #312 BOCA RATON FL 33432 BOCA RATON FL 33432-2704 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0704569 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JAMES, RANDOLPH H Street Address (P.O. Box Number is Not Acceptable) 980 N. FEDERAL HIGHWAY, SUITE 312 BOCA RATON FL 33432 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 10. Amount of Capital Contributions 9. Capital Contributions \$1,000,000.00 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 JAMES, RANDOLPH H NAME 980 N. FEDERAL HIGHWAY, SUITE 312 STREET ADDRESS CITY - ST - ZIP **BOCA RATON FL 33432** CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS -03/03/00--01057--018 CITY-ST-ZIP CITY-ST-ZEP ****526:25 - ****526, 25 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # 980 N. FEDERAL HWY, #312 55, RUTH P. STREET ADDRESS NAME BOCA RATION FE 33432 STREET ADDRESS CITY-ST-ZIP CITY_ST_ZIP_ DOCLIMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-70P STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 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