2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SEC

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SIGNATURE:

FILED DOCUMENT # A96000002321 1. Entity Name THE FELDBAUM FAMILY PARTNERSHIP, LTD. 03 APR 11 AM 8: 31 SECKETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 385 N. POINT RD. 385 N. POINT RD. MERIDIAN #803 MERIDIAN #803 OSPREY, FL 34229 OSPREY, FL 34229 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 City & State City & State Applied For 4. FEI Number 65-0721246 Not Applicable Zip Country Žip Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FELDBAUM, GERALDINE 386 N. POINT RD. Street Address (P.Q. Box Number is Not Acceptable) MERIDIAN #803 **OSPREY, FL 34229** 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 9. Capital Contributions 10. Amount of Capital Contributions MAKE CHECK PAYABLE TO FL DEPT OF STATE as Shown on record. \$585,000.00 In FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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. ADDRESS CHANGES ONLY CR2E003 (10/02) DOCUMENT # STREET ADDRESS FELDBAUM, GERALDINE TRUSTEE NAME 385 N. POINT RD., MERIDIAN #803 STREET ADDRESS CITY -ST-ZIP **OSPREY, FL 34229** CITY -ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY +ST-2\P 800015747658 - -04/11/03--01029--002 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY -ST-ZIP CITY-ST-2P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY -S1-2IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY -ST-ZIP CITY -ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-51-21P CITY -S1-7IP 14. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4.8:03