LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR) FILED. DOCUMENT # AA 02 FEB 21 AMII: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA un Family Yarthers, Ltd. DO NOT WRITE IN THIS SPACE 2. Principal Plage phBysiness FAWILY PAPPES. Mailing Address DO NOT WRITE IN THIS SPACE 3057 VIA NAPOLI Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1** DEERFIELD BLIT City & State City & State 4. FEI Number Applied For 65-0744058 Not Applicable Country S M Zip 33442 Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of Current Registered Agent LISA BRADEN DO-NOT-WRITE Street Address (P.O. Box Number is Not Acceptable) 5017/11 IN THIS SPACE Zip Code 3 3 4 / 5 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 9. Capital Contributions 10. Amount of Capital Contributions 3,486,373 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. CR2E003B (12/01) DOCUMENT # STREET ADDRESS JOAN REUNOR 3057 VIA NAPOLI DEERFIELD BCH. FL 39442 NAME STREET ADDRESS CITY-ST-ZIP 500005027535 CITY-ST-ZIP DOCUMENT # ****526.25 ****526.25 STREET ADDRESS CHARLES REONDR 3057 VIA NAPOLI NAME STREET ADORESS CITY-ST-ZIP DEERFIELD BCHFE 33442 CITY-ST-ZIP OOCHMENT # STREET ADDRESS NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-7IP DOCUMENT # 2 IN THIS SPACE STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIZ DOCUMENT # STREET ADDRESS NAME STREET ADERESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

GNATURE: Charle Redun (CHARLES REDUSE) 2/18/02 954-481-2578

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-ZIP