2000 UNIFORM BUSINESS REPORT (UBR) A97000000840 DOCUMENT # FILED 1. Entity Name ROSENFELD ASSOCIATES, LTD. OO JAN 24 PM 1:08 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA MICHAEL TANNENBAUM, ATTY, AT LAW MICHAEL TANNENBAUM. ATTY. AT LAW 2161 PALM BEACH LAKES BLVD. 2161 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33409-6607 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0741198 Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TANNENBAUM, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2161 PALM BEACH LAKES BLVD. RAYMOND OFFICE PLAZA, RM 304 WEST PALM BEACH FL 33409 Zip Code City FL 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 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$2,000,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # STREET ADDRESS ROSENFELD, ABRAHAM NAVE 3871 POINCIANA DR., APT. 103 STREET ADDRESS CITY-ST-7IP LAKE WORTH FL 33467 700003113817--8 CITY-ST-ZIP -01/27/00---01119--021 DOCUMENT # STREET ADDRESS ****526, 25 ****526.25 ROSENFELD, DAVID 203 YOAKUM PARKWAY, #319 STREET ADDRESS CITY-ST-ZIP ALEXANDRIA VA 22304 CITY-ST-7IP DOCUMENT # 500 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZE 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Flyrida Statutes

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SCIENCE PARTNER PARTNER PARTNER

Date 1/18/2000 Dayline Phone #