2000 UNIFORM BUSINESS REPORT (UBR) APPRUVED A97000001097 DOCUMENT # 1. Entity Name 00 MAR 29 PH 12: 33 HELEN ROSE TENDRICH FAMILY, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 8375 SW 106 STREET 8375 S.W. 106TH STREET MIAMI FL 33156-3567 MIAM! FL 33156-3567 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0752606 Not Applicable Country Zip Zip Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TENDRICH, HOWARD Street Address (P.O. Box Number is Not Acceptable) 11355 SOUTH DIXIE HIGHWAY **MIAMI FL 33156** 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. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$3,455,000.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. CR2E003 (9/99) DOCUMENT # STREET ADDRESS TENDRICH, HELEN ROSE TRUSTEE NAME 8375 S.W. 106TH STREET -04/14/00--01006--021 STREET ADDRESS CITY - ST - ZIP MIAMI FL 33156 CITY-ST-ZIP DOCHMENT # STREET ADDRESS CITY-ST-7E STREET ADDRESS CITY-ST-7IP STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CRTY - ST - ZMP DOCUMENT# STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CTTY-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:

CITY - ST - 7IP

Muleugicine Teamuen

Date Dayline Phone #