2000 UNIFORM BUSINESS REPORT (UBR)

A97000001136 DOCUMENT # 1. Entity Name FII FD WELCH INVESTMENTS OF SARASOTA, LTD. Mar 03 2000 8:00 am Secretary of State Principal Place of Business Mailing Address 700 JOHN RINGLING BLVD. #E315 700 JOHN RINGLING BLVD. #E315 SARASOTA FL 34236 SARASOTA FL 34236-1565 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0752220 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -WELCH, ROBERTA Street Address (P.O. Box Number is Not Acceptable) 700 JOHN RINGLING BLVD. #E315 SARASOTA FL 34236 Zip Code 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, 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 \$1,117,500.00 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 13. 12. **DOCUMENT #** STREET ADDRESS WELCH, ROBERTA 0003172542 -03/16/00--01063 NAME 700 JOHN RINGLING BLVD, #E315 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 ****528,25 ****528,25 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP COY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. Thereby 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:

SIGN THETA ROKALOLD

1 1900

Date

Daytime Phone #

CR2E003 (9/99)