2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # - A9700001136 1. Entity Name | | | | | | | FILED | | |
|---|-----------------------------|--|---|---------|--|---|--|------------------------|--|
| WELCH INVESTMENTS OF SARASOTA, LTD. | | | | | | 02 J | 02 JAN 23 PM 12: 53 | | |
| Principal Place of Business 700 JOHN RINGLING BLVD: #E315 SARASOTA FL 34236 | | | Mailing Address 700 JOHN RINGLING BLVD. #E315 SARASOTA FL 34236 | | | SECF TALL | SECRETARY OF STATE TALLAHASSEE. FLORIDA | | |
| 2. Principal F | Place of Business | 3 | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | DUE BY MAY 1, 2002 | | |
| City & State | | | City & State | | 4. FEI Number | 65-0752220 | Applied For Not Applicable | | |
| Zip | Zip Country | | Zip Count | | itry | 5. Certificate of Status Desired | | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | |
| | | | | | Name | | | | |
| WELCH, ROBERTA 700 JOHN RINGLING BLVD, #E315 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| SARASOTA FL 34236 | | | | | | | | | |
| | | | | | City | FL 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. | | | | | | | | | |
| SIGNATURE | | | | | | | | | |
| 9. Capital Contributions as Shown on record. \$1,117,500.00 10. Amount of Capital in FLORIDA to dat | | | | | outions | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 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. | | | | | | | | | |
| 12. GENERAL PARTNER INFORMATION | | | | | | ADDRESS CHANGES ONLY | | | |
| DOCUMENT # NAME | WELCH, ROBERTA | | | STREET | | 80 | 8000048318085 -01/28/0201092011 | | |
| STREET ADDRESS CITY-ST-ZIP | 700 JOHN RII Sarasota Fi | NGLING BLVD, #E315 L 34236 | CI | | -ST-ZIP | | ****526.25 * | ****526.25 | |
| DOCUMENT / NAME | - | | STREET ADDRESS | | | | | | |
| STREET ADDRESS | | | | | -ST-ZiP | | | | |
| DOCUMENT # | | | | STRE | ET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | CiTY | -ST-ZIP | · | | | |
| DOCUMENT # | | | | STRE | ET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | CITY | -ST-ZIP | | | | |
| DOCUMENT # | | | | STRE | ET ADDRESS | | | | |
| STREET ADVRESS CITY-ST-ZIP | | | | CITY | -ST-ZIP | | | | |
| DOCUMENT 7 | | | | STRE | ET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP . | | | | CITY | -ST-ZIP | | | | |
| 14. I hereby of indicated | ertify that the info | rmation supplied with this ue and accurate and that | filing does not qualify for t | ne exer | mption stated in | Section 119.07(3)(i), if made under oath: t | Florida Statutes. I further certif hat I am a General Partner of th | y that the information | |

indicated on this report is true and accurate and that my signature shall have the same legal effect as the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Roberta Welch aka Roberta White

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER SIGNATURE:

1/16/2002

(941) 361-7224