2002 UNIFORM BUSINESS REPORT (UBR) A97000001259 **DOCUMENT #** SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name ADR INVESTMENTS, LTD. 02 MAR -4 PH 12: 50 Principal Place of Business Mailing Address 10650 HAVERFORD ROAD, SUITE 4 10650 HAVERFORD ROAD, SUITE 4 JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 59-3472317 Not Applicable .Additional ر **\$8.7.5** 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRURY, MARK A Street Address (P.O. Box Number is Not Acceptable) 10650 HAVERFORD ROAD, SUITE 4 JACKSONVILLE FL 32218 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 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$49,500.00 as Shown on record. in FLORIDA to date. 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 J44635 CR2E003 (9/01) DOCUMENT # STREET ADDRESS AMERICAN DREAM REALTY OF JAX, INC. NAME 10650 HAVERFORD ROAD, SUITE 4 STREET ADDRESS 800005073148 CITY-ST-ZIP JACKSONVILLE FL 32218 CITY-ST-ZIP -03/08/02--01056--001 DOCUMENT 4 \*\*\*\*447.50 \*\*\*\*447.50 STREET ADDRESS NAME STREET ADDRESS CITY\_ST\_ZIP CITY=ST=ZIP= DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT #4 STREET ADDRESS NAME 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 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby 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

Mark A. Dryry SIGNATURE: