2000 UNIFORM BUSINESS REPORT (UBR) A97000001366 **DOCUMENT #** 1. Entity Name FILEU SECRUTARY OF STATE GENESIS GROUP, LTD. SE DIVISION OF CORPORATIONS nn APR 21 AM 3: 05 Principal Place of Business Mailing Address 2535 SUCCESS DRIVE G/O J. BOB HUMPHRIES, ESQ. ODESSA FL 33556 501 EAST-KENNEDY BLVD., SUITE-1700-TAMPA-FL-93602-5230--3. Mailing Address 2 5 35 Success 2. Principal Place of Business Suite Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3453875 Not Applicable 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 HUMPHRIES, J. BOB ESQ. FOWLER, WHITE: CILLEN, BOGGS, VILLAREAL-501 EAST KENNEDY BLVD., SUITE 1700-**TAMPA FL 33602** 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$99.50 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. 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. S43393 DOCUMENT # STREET ADDRESS

EL RAY DEVELOPMENT, INC. NAME

2535 SUCCESS DRIVE STREET ADDRESS CITY-ST-ZIP ODESSA FL 33556 CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME "STREET ADDRESS CSTY - 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 DOCUMENT# STREET ADDRESS 35780 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-79 DOCUMEN# STREET ADDRESS NAME STREET ADDRESS CDY-ST-ZIP CITY-ST-2P

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 required by Chapter 620, Florida Statutes

Daytime Phone t