865-584-4175

Daytime Phone #

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|       | _  | A contract of the contract of |         |       |
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|       |  | DILCINICO   | DEDART. | /IIDD |
| ZWW 1 | UNIFURM                                      | <b>BUSINESS</b>   | KEPUKI  | швк   |
|       | <b>—</b> — — — — — — — — — — — — — — — — — — |   |         | ,     |

| DOCUMENT # A9700001525  1. Entity Name  FEDPOM SC COMPANY, LTD.                        |   |   |                                  |   | FILLED                                     |   |   |                 |
|--|---|---|----------------------------------|---|--|---|---|-----------------|
|  |   |   |                                  |   |  |   |   |                 |
| Surte<br>Sity & Sta  | 312   | City & State  |                                  |   | 4. FEI Number                              | DO NOT WRITE IN THIS:   | Applied For   | <del>-</del> -] |
| <u> </u>   | A RATON, FL   | Zip   | Cour                             | atry  |  | 58-2337877  | Not Applicab  | le .            |
| 3347   | 3 <u>3 US</u>   |   | <b>V</b> -u.                     | <del></del>   | <u> </u>                                   | s Status Desired  | Fee Required  | _               |
|  | 6. Name and Address of Current F  | egistered Agent   |                                  | Name  | /. Name and A                              | Address of New Registered A                                       | rgent   | $\dashv$        |
| WALTERS, CLIFFORD L<br>BLALOCK, LANDERS, WALTERS & VOGLER, P.A.<br>802 - 11TH ST. WEST |   |   |                                  | Street Address  | ddress (P.O. Box Number is Not Acceptable) |   |   |                 |
|  | ON FL 34205   |   |                                  | City  | FL Zip Code                                |   |   |                 |
| 8. The above   | e named entity submits this statement for   | the purpose of changing its   | register                         | ed office or registe  | red agent, or both                         |   | <u></u>   | $\dashv$        |
| SIGNATURE  | Signature, typed or printed name of registered agent an   | id title if applicable. (NOT)   | : Registere                      | d Agent signature require   | d when reinstating)                        | DATE  | ·   |                 |
| 9. Capital Co  |   | 10, Amount of Capita<br>in FLORIDA to d   |                                  | butions   |  | 11. MAKE CHECK PAYABLE<br>SEE REVERSE SIDE FO                     |   |                 |
|  | A GENERAL PARTNER TI  | AT IS A BUSINESS EN   | TITY M                           |   |  | TIVE WITH THIS OFFICE   |   |                 |
| 12.  | GENERAL PARTNER   |   | 13.                              | , an amendine   | It ifficat be med                          | ADDRESS CHANGES ON  |   | $\dashv$        |
| STREET ADDRESS   | G83741 BRADEMAN INVESTMENT CORPORATION RESS % RMC REALTY CO., LTD./5410 HOMBERG DR.   |   |                                  | -ST-ZIP   |  |   |   | R2E003 (11/00)  |
| DOCUMENT #   | KNOXVILLE TN 37919<br>G83740  |   |                                  |   | 8000039941184<br>-04/12/0101057017         |   |   |                 |
| NAME   | MANBRADE INVESTMENT CORPORATION 98 RMC REALTY CO., LTD./5410 HOMBERG DR.  |   |                                  | -ST-ZIP   | ****156.65 ****156.65                      |   |   |                 |
| DOCUMENT #   | P96000028490  |   | STRE                             | ET ADDRESS  |  |   |   |                 |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | REET ADDRESS 1379 LYONS ROAD  |   |                                  | -ST-ZIP   |  |   |   |                 |
| DOCUMENT #<br>NAME   |   |   | STRE                             | ET ADDRESS  |  |   |   | 7               |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |   | CITY                             | -ST-ZIP   | A  |   |   |                 |
| DOCUMENT #<br>NAME   |   |   | STRE                             | ET ADDRESS  |  |   |   |                 |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |   | CITY                             | -ST-ZIP   |  |   |   |                 |
| DOCUMENT #<br>NAME   |   |   | STRE                             | ET ADDRESS  |  |   |   |                 |
| STREET ADD SS<br>CITY-ST-ZIP   | <u>'</u>  |   |                                  | -ST-ZIP   |  |   |   |                 |
| 14. I hereby of indicated the receiv   | pertify that the information supplied with to on this report is true and accurate and the ver or trustee empowered to execute this. | his filing does not qualify for<br>nat my signature shall have t<br>report as required by Chapt | the exer<br>he same<br>er 620, F | mption stated in Se<br>e legal effect as if n<br>Florida Statutes | ection 119.07(3)(i),<br>nade under oath; t | Florida Statutes. I further cert<br>hat I am a General Partner of | ify that the information<br>the limited partnership | or              |

Steven Levin,) President