## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HEKE

| DOCUMENT # A9700001576  1. Entity Name GERMSTOPPER LTD.   |   |   |                  |  |                        |  | FILED<br>May 05, 2003 8:00 A<br>Secretary of State  |   |  |
|---|---|---|------------------|--|------------------------|--|---|---|--|
| Principal Place of Business 26 SEA MARSH ROAD 26 SEA MARSH RD.  AMELIA ISLAND FL 32034 AMELIA ISLAND FL 32034 |   |   |                  |  |                        |  | ·   |   |  |
| Principal Place of Business     3. Mailing Address  |   |   |                  |  |                        |  | I ARBARA INA ANALAMAN MAKA MAKA ANALAMAN MAKA MAKA INA MAKA MAKA MAKA MAKA MAKA MAKA MAKA MA  |   |  |
| Suite, Apt. #, etc.   |   |   |                  | Suite, Apt. #, etc.  |                        |  | DUE BY MAY 1, 2003  |   |  |
| City & State  |   |   |                  | City & State   |                        |  | 4. FEI Number 59-3457695  | Applied For Not Applicable              |  |
| Zip Country   |   |   | <u> </u>         | Zip Country  |                        | itry                                       | 5. Certificate of Status Desired   \$8.7  Fee R   | 5 Additional<br>lequired                |  |
|   |   | nd Address of Current                               | Regis            | tered Agent  |                        | Name                                       | 7. Name and Address of New Registered Agent   |   |  |
| TODD, WILLIAM M<br>26 SEA MARSH RD.<br>AMELIA ISLAND FL 32034   |   |   |                  |  | Street Addre           |  | P.O. Box Number is Not Acceptable)  |   |  |
| AMELIA ISLAND FL 32034  |   |   |                  |  | ,                      | City                                       | FL   z  | ip Code                                 |  |
|   | named entity s<br>tions of register                                       |   | r the p          | urpose of changing its   | register               | Led office or register                     | ed agent, or both, in the State of Florida. I am familia  | r with, and accept                      |  |
| SIGNATURE   | Signature, typed or p   | printed name of registered agent a                  | and title i      | applicable.  |                        |  | DATE  |   |  |
| 9. Capital Contributions as Shown on record.  \$200.00  10. Amount of Capital in FLORIDA to dat               |   |   |                  |  |                        | SEE REVERSE SIDE FOR FEE INFORMATION       |   |   |  |
|   | A GE<br>NOTE: (   | NERAL PARTNER T<br>Seneral Partners MA              | HAT<br>Y NO      | IS A BUSINESS EN<br>T be changed on t                                  | ITITY M<br>he form     | UST BE REGIST<br>; an amendmen             | ERED AND ACTIVE WITH THIS OFFICE, through the filed to change a general partner.  |   |  |
| 12.   | P970000598  | GENERAL PARTNER                                     | INFC             | RMATION  | 13.                    |  | ADDRESS CHANGES ONLY  |   |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | GERMSTOPPER MANAGMENT CORPORATION 26 SEA MARSH RD. AMELIA ISLAND FL 32034 |   |                  |  | 1                      | -ST-ZIP                                    |   | 10002<br>CRZE003 (10/02)                |  |
| DOCUMENT #  |   |   |                  | <del></del>  | STRE                   | EET ADDRESS                                | 05/20/20/20/20/20/20/20/20/20/20/20/20/20/  |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |   |                  |  | CITY                   | -ST-ZIP Hot                                | 800018214549  |   |  |
| DOCUMENT # NAME STREET ADDRESS  |   |   |                  |  | STRE                   | ET ADDRESS                                 | 800018314548<br>05/07/0301003001 **1  | 41.25                                   |  |
| CITY-ST-ZIP   | <u> </u>  |   | _                | <del></del>  | CITY                   | -\$T-ZIP                                   |   |   |  |
| DOCUMENT # NAME STREET ADDRESS  |   |   |                  | ,  |                        | ET AODRESS                                 |   |   |  |
| CITY-ST-ZIP   |   |   |                  | <del></del>  | CITY                   | -ST-ZIP                                    | · · · · · · · · · · · · · · · · · · ·   |   |  |
| Document #<br>Name<br>Street address  |   |   |                  |  |                        | ET ADDRESS                                 | <del></del>   |   |  |
| CITY-ST-ZIP<br>DOCUMENT #   |   |   |                  |  | +                      | -ST-ZIP<br>ET ADDRESS                      |   |   |  |
| name<br>Street address<br>City-St-Zip   |   |   |                  |  |                        | -ST-ZIP                                    | ,   |   |  |
| 14. Thereby o   | on this report is<br>ver or trustee en                                    | s true and accurate and<br>npowered to execute this | that m<br>s repo | ing does not qualify for y signature shall have it as required by Chap | the same<br>ter 620, F | e legal effect as if m<br>Florida Statutes | ction 119.07(3)(i), Florida Statutes. I further certify that ade under oath; that I am a General Partner of the lim $\frac{4}{30/03}$ | at the information inted partnership or |  |
| J. 311771   |   | SIGNATURE AND TYPED OR                              | PRINTE           | NAME OF SIGNING GENER  | AL PARTNE              | Ħ  | Date Daytime Pt   | none #                                  |  |