CR2E003 (9/01);

2002 UNIFORM BUSINESS,RISORT (UBR) A97000002087 DOCUMENT # FILED 1. Entity Name 02 JAN 28 PM 3: 45 MELAMITE PROPERTIES, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2844 BANYAN CIRCLE, N.W. 2844 BANYAN CIRCLE, N.W. **BOCA RATON FL 33431 BOCA RATON FL 33431** 3. Mailing Address
1600 Royal 1600 Royal Suite, Apt. #, etc **DUE BY MAY 1, 2002** Boca Katon City & State 4. FEI Number Applied For 65-0788495 Not Applicable -Zip \$8.75 Additional 5. Certificate of Status Desired **3**3432 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROSEMURGY, DEANNA Street Address (P.O. Box Number is Not Acceptable) 1600 ROYAL PALM WAY **BOCA RATON FL 33432** Zip Code - DEMUNA ROSEMUNGY fice or register ed agent, or both, in the State of Florida SIGNATURE MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Sepital C \$10,000.00 in FLORIDA to date as Shown on record. 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 P97000077389 DOCUMENT # STREET ADDRESS MELAMITE PROPERTIES, INC. NAME 1600 ROYAL PALM WAY STREET ADDRESS CITY-ST-ZIP 800004864658-BOCA RATON FL 33432 CITY-ST-ZIF 02/04/02 - 01012 - 018 DOCUMENT # STREET ADDRESS ****158.75 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 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRASS

14. 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF STANG G

1/22/02

367-9783

Daytime Phone #