2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A17000802727 FILED 1. Entity Name 'SECRETARY OF STATE Margaret S. Henderson DIVISION OF CORPORATIONS Groves, LTD 00 MAY 25 PM 1: 33 Principal Place of Business Mailing Address Highway 64, East PO Box 698 Wauchula, Fl 33873 Wauchula, Fl 33873 2. Principal Place of Business 3. Mailing Address Po Box 698 Highway 64, East Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For City & State Not Applicable Wauchula, Fl 33873 Wauchula. 33873 65 0721660 \$8.75 Additional 5. Certificate of Status Desired Fee Required 33873 Hardee 33873 <u> Hardee</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Margaret S. Henderson 22237=ht Rd-64=3 Street Address (P.O. Box-Number is Not-Acceptable) F1~33873 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions as Shown on record. 172387250 in FLORIDA to date. 172387250 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. SEE REVERSE SIDE FOR FEF INFORMATION NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES DAILY ACTION OF STREET AND ACTION OF ACT GENERAL PARTNER INFORMATION 13. CR2E003 (9/99) DOCUMENT # STREET ADDRESS Margaret S. Henderson NAME STREET ADDRESS Highway 64 E. CITY-ST-ZIP CITY-ST-ZIF Wauchula, fl 33873 DOCUMENT # STREET ADDRESS Lynn H. Brown NAME Rt #2, Box 185 STREET ADDRESS CITY-ST-7IP Lake Providence, La 71254 CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS 100003298251--3 -06/21/00--01012--003 CITY: ST: 7IP CITY-ST-ZIP **COCUMENT #** STREET ADDRESS ****526.25 ****526.25 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 TO TRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 Daytime Phone #

O TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER