.2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED A97000002802 DOCUMENT # May 02, 2000 8:00 am: Secretary of State 1. Entity Name THE PHOENIX MANAGEMENT COMPANY, LTD. Principal Place of Business Mailing Address 12900 LAKEVIEW POINT COURT 12900 LAKEVIEW POINT COURT WINDERMERE FL 34780 WINDERMERE FL 34786-5800 2. Principal Place of Business 3. Mailing Address 11815 Clubhouse DR 11815 Clubbouse DR DO NOT WRITE IN THIS SPACE City & State Applied For City & State FEI Number 59-3483515 Bradenton Not Applicable Bradenton Zip 34202 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 4202 7. Name and Address of New Registered Agent ---6. Name and Address of Current Registered Agent Name SIMMONS, CLEATOUS J ESQ. Street Address (P.O. Box Number is Not Acceptable) LOWNDES, DROSDICK, DOSTER, KANTOR & REED 215 NORTH EOLA DRIVE ORLANDO FL 32801 Zip Code City 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, 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 9. Capital Contributions 10. Amount of Capital Contributions \$1,980.00 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 12. P97000106551 DOCUMENT# STREET ADDRESS 11815 Clubhouse DR. DAWSON MANAGERS, INC NAME 12900 LAKEVIEW POINT COURT STREET ADORESS CITY-ST-ZIP Bradenton, FL 34202 WINDERMERE FL 34780 CITY-ST-ZIP DOCUMENT# STREET ADORESS NAME STREET ADDRESS CMY-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 1 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 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 receive the information of the limited partnership or the receiver or trustee empowered to receive the limited partnership or the receiver or trustee empowered to receive the limited partnership or the receiver or trustee empowered to receive the limited partnership or the receiver or trustee empowered to receive the limited partnership or the receiver or trustee empowered to receive the limited partnership or the receiver or trustee.

HUTTED WALTER E. RICHEMANN 5/20100