2000 UNIFORM BUSINESS REPORT (UBR)

VIVIAN PLUFAWCETT QUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

A98000000020 DOCUMENT # 1. Entity Name FILED SECRETARY OF STATE THE FAWCETT FAMILY LIMITED PARTNERSHIP II. LTD. DIVISION OF CORPORATIONS 00 MAY 12 PM 1:33 Mailing Address Principal Place of Business 11780 U.S. HIGHWAY ONE, SUITE 300 11780 U.S. HIGHWAY ONE, SUITE 300 NORTH PALM BEACH FL 33408-3042 NORTH PALM BEACH FL 33408 3. Mailing Address 2. Principal Place of Business 12213 N. Circle Drive 12213 N. Circle Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0803629 Not Applicable Palm Beach Palm Beach \$8.75 Additional Country 7in 5. Certificate of Status Desired 33408 33408 USA Fee Required **USA** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Deloitte_& Touche, LLP FHS CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1645 Palm Beach Lakes 11780 U.S. HIGHWAY ONE, SUITE 300 NORTH PALM BEACH FL 33408 Suite 900 West Palm Beach 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 MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$500,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record 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 13. 12. OCCURRE P97000107276 DOCUMENT # STREET ADDRESS 12213 N. Circle Drive FAWCETT, INC. NAME 11780 U.S. HIGHWAY ONE, SUITE 300 STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 North Palm Beach, FL 33408 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 400003297994 DOCUMENT# STREET ADDRESS NAME ****526 25 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS 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 execute this report as required by Chapter 620, Florida Statutes