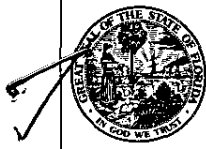


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000320

1. Entity Name
ANSCA OFFICE BUILDING, LTD.



FILED

03 MAY 20 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3333 SOUTH CONGRESS AVENUE, SUITE 403-B
DELRAY BEACH FL 33445

Mailing Address
3333 SOUTH CONGRESS AVENUE, SUITE 403-B
DELRAY BEACH FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 401

Suite, Apt. #, etc.

Suite 401

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-0812893

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCARDINA, CHARLES

3333 SOUTH CONGRESS AVENUE, SUITE 403-B
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name
MITCHELL A. SHERMAN PA

Street Address (P.O. Box Number is Not Acceptable)
1301 N Congress Ave Suite 800

City Boynton Beach FL Zip Code 33426

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. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE

DATE

9. Capital Contributions
as Shown on record.

\$400,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
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

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000010821
NAME ANSCA OFFICE DEVELOPMENT, INC.
STREET ADDRESS 3333 SOUTH CONGRESS AVENUE, SUITE 403-B
CITY-ST-ZIP DELRAY BEACH FL 33445

STREET ADDRESS 3333 S. Congress Ave Suite 401
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS
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

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CHARLES SCARDINA

Date

Daytime Phone #

5612433900

CR2E003 (10/02)

0012438 AT