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2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE

A98000000321 DOCUMENT # 1. Entity Name 02 APR - 1 PM 1: 47 THE MIDDLEBROOKS INVESTMENT GROUP, LTD. SECRETARY OF STATE TAULAHASSEE, FLORIDA Principal Place of Business Mailing Address 618 LIVE OAK PLANTATION ROAD 618 LIVE OAK PLANTATION ROAD TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 59-3491210 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIDDLEBROOKS, HARRY SR. Street Address (P.O. Box Number is Not Acceptable) 618 LIVE OAK PLANTATION ROAD TALLAHASSEE FL 32312 Zip Code 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. DATE 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$594,000.00 594,000 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P98000010469 CR2E003 (9/01 DOCUMENT # STREET ADDRESS M SOUTH CORPORATION NAME 618 LIVE OAK PLANTATION ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 -04/08/02--01007--012 DOCUMENT # STREET ADDRESS NAME ****535_00_****535_00 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 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 execute this report as required by Chapter 620, Florida Statutes

and khode

March 28, 200