2002 UNIFORM BUSINESS REPORT (UBR)

FILED A98000000658 DOCUMENT # 2002 APR 15 AM 10: 37 1. Entity Name DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA ATLANTIS AUTO PARTNERS, LTD. Principal Place of Business Mailing Address 2442 METROCENTRE BOULEVARD 2442 METROCENTRE BOULEVARD WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** Applied For City & State City & State 4. FEI Number 65-0825901 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GIBSON, THOMAS R Street Address (P.O. Box Number is Not Acceptable) 2442 METROCENTRE BOULEVARD WEST PALM BEACH FL 33407 Zip Code City 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 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$181.669.76 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY CR2E003 (9/01) P98000020731 DOCUMENT # STREET ADDRESS ATLANTIS AUTO COMPANY NAME 2442 METROCENTRE BOULEVARD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP 900005289808 -04/17/02--01024--007 DOCUMENT # STREET ADDRESS NAME ****141.25 ****141.25 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP FF \$141,25 CITY-ST-ZIP DOCUMENT # STREET ADDRESS 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-7IP CITY-ST-7IP

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 employered to execute this report is required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

COUNT THOMAS R G. bson