2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR) `A98000000660 DOCUMENT # 1300 LAS OLAS PLACE LIMITED PARTNERSHIP 2003 MAY 14 PM 4:51 Principal Place of Business Mailing Address UNIT 104, 1201 S.E. 2ND COURT 721 N.E. 3RD AVENUE ปีเกาะเดิก OF CORPORATIONS FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State Applied For 4. FEI Number 65-0819471 Not Applicable Zip Country Zip 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 MOORE, W. RODGERS ESQUIRE MOORE & MENKHAUS, P.A. 4800 N. FEDERAL HWY., STE. 210-A **BOCA RATON FL 33431-5176** 8. The above named entity submits this statement for the aurpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered age Signature, typed or printed 9. Capital Contributions 11. MAKÉ CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions \$400,000.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY P95000083892 STREET ADDRESS PALMETTO STATES PROPERTIES, INC. UNIT 104, 1201 S.E. 2ND COURT 700018942897 CITY-ST-7IP FT. LAUDERDALE FL 33301 <u>05714703--01057--016</u> STREET ADDRESS

12. DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIE DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

Pres. or G.P.)

4/30/07

954.525.0210

Daytime Phone #

3R2E003 (10/02)