2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A98000000669 1. Entity Name FILED SOFRAN INVERNESS (ECK), LTD. MAR 19 AM 7:51 Principal Place of Business Mailing Address 808 THIRD STREET. SUITE C 808 THIRD STREET, SUITE C SECRETARY OF STATE **NEPTUNE BEACH FL 32266** NEPTUNE BEACH FL 32266 TALLAHASSEE, FLORIDA 2. Principal Place of Business 3. Mailing Address 245 Peachtree Center Ave, NE Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 2800 City & State City & State Applied For 4. FEI Number 59-3506654 Not Applicable tlanta, GA Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required <u>30303-1227</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Robert Rouleau CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 808 Third Street, Suite C 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code 32266 Neptune Beach 8. The above named entity submits this statement for the purpose of chapping it pegistered office or registered agent, or both, in the State of Florida. 3/13/01 Robert Rouleau Signature, typed or printed name of registered agent and title if applicable Registered Agent signature required when reinstating) 9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Centributions \$99.00 in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. CR2E003 (11/00) DOCUMENT # L98000000300 STREET ADDRESS NAME SOFRAN CITRUS, L.C. STREET ADDRESS 808 THIRD STREET, SUITE C CITY-ST-ZIP CITY-ST-ZIP NEPTUNE BEACH FL 32266 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZÎP 800003891478--CITY-ST-ZIP 03/21/01--01115--017 DOCUMENT # ****141.25 ****141.25 STREET ADDRESS NAME -STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZL STREET ADDRESS NAME

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 his report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Robert Roulead. Manager