| 2001 UNIFORM BUSINESS REPORT (UBI | 2001 | UNIFORM | BUSINESS | REPORT | (UBR |
|-----------------------------------|------|---------|-----------------|--------|------|
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| DOCUMENT # A98000 | 0000705 | | | | | |
|---|--|---|--|--|--|--|
| INTERNATIONAL-REPUBLIC ASSOCIATES LIF | MITED | FILED | | | | |
| Principal Place of Business 5401 KIRKMAN ROAD. SUTIE 725 ORLANDO FL 32819 | Mailing Address 5401 KIRKMAN ROAD, SUTIE 72 ORLANDO FL 32819 | O MAY - I AM II: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | |
| 2. Principal Place of Business 5728 MAJOR Blud Suite, Apt. #, etc. Suite 601 | 3. Mailing Address 5728 MF To Suite, Apt. #, etc. Suite 601 | DO NOT WRITE IN THIS SPACE | | | | |
| City & State Driando FL | City & State Orlando F | 4. FEI Number Applied For Not Applicable | | | | |
| Zip Country 32819 US 6. Name and Address of Current Re | 32819 | 5. Certificate of Status Desired | | | | |
| KHATIB, RASHID A 5401 KIRKMAN ROAD, SUTIE 725 ORLANDO FL 32819 Street Address (P.O. Box Number is Not Acceptable) 5728 MAJOR BLVD., STE. 601 City ORLANDO FL 32819 FL 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 | | | | | | |
| Signature, typed or printed name of registered agent and 9. Capital Contributions as Shown on record. \$3,000,000.00 | 10. Amount of Capit d Con in FLORIDA to d tte. | | | | | |
| NOTE: General Partners MAY | NOT be changed on tile for | MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. rm; an amendment must be filed to change a general partner. | | | | |
| DOCUMENT / P98000016432 INTERNATIONAL-REPUBLIC ASSOC 5401 KIRKMAN ROAD, SUTIE 725 ORLANDO FL 32819 | CIATES, INC. | STREET ADDRESS CHANGES ONLY 5728 MAJOR BLVD., STE. 601 CITY-ST-ZIP ORLANDO FL 32819 | | | | |
| DOCUMENT # NAME | s | STREET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | CITY-SI-ZIP | | | | |
| DOCUMENT # NAME STREET ADDRESS | | TREET ADDRESS 100042723618 -05/21/01-01019-023 ****526.25 ****526.25 | | | | |
| CITY-ST-ZIP DOCUMENT # | | STREET ADDRESS | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | С | CITY-SI-2IP | | | | |
| DOCUMENT # NAME | S | STREET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | CI | CITY-ST-ZIP | | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CHY-ST-ZIP | | | | |
| 14. I hereby certify that the information supplied with this filing does not qualify to 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 he 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 Chap er 620, Florida Statutes | | | | | | |
| SIGNATURE: Rainid A Khatib Rep 4/16/01 (407)354-2200 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENER/ L PARTNER ASSOCIAC. Date Dayline Phone 1 | | | | | | |