2001 UNIFORM BUSINESS REPORT (UBR) APPROVEL DOCUMENT # A98000000948 1. Entity Name 01 MAY -1 PM 6:51 PANTHERS RPN LIMITED SECRETARY OF STATE Principal Place of Business Mailing Address TALEAHASSEE, FLORIDA 1901 GULFSHORE BLVD. P.O. BOX 5025 NAPLES FL 34102 CORPORATE OFFICE **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0826143 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \square . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE S.E. 3RD AVENUE, 28TH FLOOR **MIAMI FL 33131** Zip Code City 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 10. Amount of Capite Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATES Capital Contributions \$41,000,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. 41.000,000.00 A GENERAL PARTNER THAT IS A BUSINESS EN' ITY 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY F98000002170 DOCUMENT # STREET ADDRESS PANTHERS EDGEWATER RESORT, INC. NAME 501 E. CAMINO REAL STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** STREET ADDRESS 100004275441---05/22/01--01013--010 CITY-ST-ZIP ****526.25 ****525.25 STREET ADDRESS

CDY-ST-7IP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # .. STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 1

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 formation of the limited partnership or the receiver or trustee empowered to execute this formation as required by Chapter 620, Florida Statutes.

Steven M. Dauria

Vice Pres/Treasurer Paithers Edgewater Resort, NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Inc.

<u>4/26/01 561–447–53</u>00

SIGNATURE:

CR2E003 (11/00)