2000 UNIFORM BUSINESS REPORT (UBR) A98000001108 **DOCUMENT #** 1. Entity Name FILED MARVIN INVESTMENT, LTD. 00 MAR 23 PM 3: 00 Mailing Address Principal Place of Business SECRETARY OF STATE 1074- 6TH AVENUE NORTH-1074- 6TH AVENUE NORTH NAPLES FL 34102-5604 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3518411 Not Applicable **\$8.75** Additional Zip Country 5. Certificate of Status Desired \Box S u 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARVIN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) -1074--6TH-AVENUE-NORTH NAPLES FL 34102 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, typed or printed name of registered agent and title if applicab NOTE: Registered Agent signature required when reinstating) 10. Amount of Capital Contributions in FLORIDA to date. 2,500,000 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$25,000,000 SEE REVERSE SIDE FOR FEE INFORMATION 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 13. 12. DOCUMENT# STREET ADDRESS MARVIN INVESTMENT CORPORATION NAME 1074- 6TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102 CITY - ST - ZIP -04/06/00--01092--009 DOCUMENT# STREET ADDRESS MARAF STREET ADDRESS CITY-ST-ZIP CITY+ST-7P 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 S. REET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADORESS CITY+ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i). Florida Statutes. I further certify that the information included on this report is true and accurate and that my signature shall have the same legal effect as it 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

Daytime Phone #