2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A98000001374 FILED DOCUMENT # 1. Entity Name 130 NORTH DIXIE HIGHWAY, LTD. 03 FEB -6 PM 4: 38 SECRETARY OF STATE * TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 166 HARVARD DRIVE 166 HARVARD DRIVE LAKE WORTH FL 33460 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number Applied For 65-0847693 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 Name SPINELLI, PHILIP V 166 HARVARD DRIVE Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33460 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions \$1,000.00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY P98000049224 DOCUMENT # STREET ADDRESS NAME 130 NORTH DIXIE HIGHWAY, INC. STREET ADDRESS 166 HARVARD DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33460 DOCUMENT # 100011907421 02/06/03--01047--011 **14 STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 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-ZIF 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNERS.

R2E003 (10/02)