2000 UNIFORM BUSINESS REPORT (UBR) A98000001785 DOCUMENT # FILED 1. Entity Name WRH HORIZONS, LTD. 00 MAR 20 AM 9: 53 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 100 SECOND AVENUE SOUTH, SUITE 904 100 SECOND AVENUE SOUTH, SUITE 904 ST. PETERSBURG FL 33701-4337 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3523920 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GERMAIN, BONNIE Street Address (P.O. Box Number is Not Acceptable) 100 SECOND AVENUE SOUTH, SUITE 904 ST. PETERSBURG FL 33701 Zip Code City Fi 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 a guid (NOTE: Registered Agent signature required when reinstating) 10. Amount of Capital Contributions in FLORIDA to date. //, 191, 538 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. CR2E003 (9/99 P93000036337 DOCUMENT # STREET ADDRESS WRH PROPERTIES, INC. NAME 100 SECOND AVENUE SOUTH, SUITE 904 -03/21/00--01032--007 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33701 ****526,25 ****526.25 CITY-ST-7P 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-ZIP 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-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 the report as required by Chapter 620, Florida Statutes

WRH PROPERTIES. TAK CALL PTAR

SIGNATURE: