2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

A98000001852 DOCUMENT # 1. Entity Name FILED EDIVISION OF CORPORATIONS THE DENNIS AND PAMELA MORRIS FAMILY LIMITED PART 300 MAY 12 PM 1: 33 Principal Place of Business Mailing Address 13041 AUTOMOTIVE BOULEVARD 13041 AUTOMOTIVE BOULEVARD CLEARWATER FL 34622 CLEARWATER FL 34622 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0858563 APPLIED FOR Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33762 762 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent المراجع المحمد والمحمد MORRIS. DENNIS M Street Address (P.O. Box Number is Not Acceptable) 13041 AUTOMOTIVE BOULEVARD **CLEARWATER FL 34622** City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$325,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. 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 12. GENERAL PARTNER INFORMATION DOCUMENT # STREET ADDRESS MORRIS, DENNIS M NAME 800003300258--13041 AUTOMOTIVE BOULEVARD STREET ADDRESS CffY - Sff - 7tP -06/22/00--01008--001 CLEARWATER FL 34622 33762 CITY-ST-7IP ****526.25 ****526.25 DOCUMENT# STREET ADDRESS MORRIS, PAMELA B 13041 AUTOMOTIVE BOULEVARD STREET ADDRESS CITY-ST-7IP CLEARWATER FL 34622 33742 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCT MARKET A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CTY-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 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.

CRZE OOCH (UMB)

Daytime Phone #