FILE ON OR BEFORE APRIL 8,1998 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** prvisiči. E 1941 Lateus Secretary of State 1998 DIVISION OF CORPORATIONS 99 FEB 18 PH 3: 29 DOCUMENT # 1. Name of Limited Partnership A98000002074 SIMON DIVERSIFIED HOLDINGS, LTD. 3. Date Formed or Registered Mailing Address Principal Office Address 9-1-98 12831 SW 62 LANE 12831 SW 62 LANE 3a. Date of Last Report MIAMI & 33183 MIAMI R 33183 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address FLORIDA Suite, Apt. #, etc Suite. Apt. #, etc. 6. FEI Number Applied For 65-0863352 🔲 Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Country 8. Make check payable to Dept of State (See reverse side for fee information 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office SIMON CAPITAL MUNACEMENT, INC. Stree: Address (P.O. Box Number Is Not Acceptable) 12831 SW 62 LANE 02/19/99--01113--003 Suite, Apt #. etc ****270.75 MIAMI, FZ 33183 10a. Pursuant to the provisions of sections 620 1061 and 620 192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridal Such change was authorized by its general partner(s). Thereby accept the appointment of registered 10-31-98 SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE 11a. Address of Each General Pariner (Do NOT Use Post Office Box Numbers) Registration/ Name(s) of General Partner(s) 1980000 1954 4 SIMON CAPITAL MUMICEMENT, MIAMI, FLOREVOL 12831 SW 62 LANE INC. 33183 MIAMLER 33183

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes | release the Division of Corporations from any tiability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or truster empowered to execute this report as required by chapter 620. Florida Statutes,

G. MICHOCL SIMON PRESIDENT of ___ Daytime Telephone Number _ 305-382-7573 Typed or Printed Name of General Partner Signing Form

SIGNATURE .

SIMON CAPITAL MANNESMENT, INC