2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # A9800002115 Jul 07, 2000 08:00 AM 1. Entity Name **Secretary of State** SUNSET MERCANTILE LIMITED PARTNERSHIP Principal Place of Business Mailing Address : 2221 WINDSONG COURT 2221 WINDSONG COURT SAFETY HARBOUR FL SAFETY HARBOUR FL 34695 34695 2. Principal Place of Business 3. Mailing Address 2221 WINDSONG COURT 2221 WINDSONG COURT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For SAFETY HARBOR SAFETY HARBOR 59-3573091 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34695 34605 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAPP JAMES RAPP JAMES 2221 WINDSONG COURT Street Address (P.O. Box Number is Not Acceptable) 2221 WINDSONG COURT SAFETY HARBOUR FL34695 City Zip Code SAFETY HARBOR 34695 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. JAMES P. RAPP 07/07/2000 Signature, typed or printed name of registered agent and title if applicable (NOTE_Registered Agent signature required when reinstating) 9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATES 10. Amount of Capital Contributions as Shown on record. 2,029,500.00 in FLORIDA to date. 2,029,500.00 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 DOCUMENT # STREET ADDRESS 2221 WINDSONG COURT VALAF SUNSET MERCANTILE CORP. STREET ADDRESS 2221 WINDSONG COURT CITY-ST-ZIP SAFETY HARBOR \mathbf{FL} 34695 CITY-ST-7IP SAFETY HARBOUR \mathbf{FL} 34695 DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 VAME 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