2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED 03 MAY -1 . PM 6: 10 DOCUMENT # A98000002184 1. Entity Name E HAN, LTD. SECRETARY OF STATE TALLAHASSEE FLORIDA MJK Principal Place of Business Mailing Address 12824 YACHT CLUB CIRCLE 12824 YACHT CLUB CIRCLE FORT MYERS, FL 33919 FORT MYERS, FL 33919 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 Numbe Applied For 65-0867331 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Pee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name U.S. INVESTOR SERVICES, INC. 4901 TAMIAMI TRAIL NORTH Street Address (P.O. Box Number Is Not Acceptable) NAPLES, FL 34103-3010 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 Symmum, typed or primed name of registered agent and title if applicable. 11 MAKE CHECK PAYABLE TO FL DEPT OF STATES 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record. \$545,000.00 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY CRZE003 (10/02) L01000009416 DOCUMENT A STREET ADDRESS HENNING VENTURES, L.C. 900017848279 NAME **526.25 12824 YACHT CLUB CIRCLE 05/01/03--01092--004 STREET ADDRESS City-St-2iP FORT MYERS, FL 33919 CITY-ST-ZIP DOCUMENT / STREET ADDRESS NALAF STREET ADDRESS CiTY-ST-2IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP C!TY -ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 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