2000 UNIFORM BUSINESS REPORT (UBR) A98000002766 DOCUMENT# 1. Entity Name 3200 PARTNERS, LTD. SECRETARY OF STATE OF STATE OF CORPORATIONS Mailing Address Principal Place of Business 669 FOREST LAIR 669 FOREST LAIR .00 APR 25 PM 2: 01 TALLAHASSEE FL 32312 TALLAHASSEE FL 32312-1742 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State APPLIED FOR 59 - 3541 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent .6. .Name and Address of Current Registered Agent MURPHY, DAVID S Street Address (P.O. Box Number is Not Acceptable) 669 FOREST LAIR TALLAHASSEE FL 32312 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, 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 10. Amount of Capital Contributions \$365,000.00 9. Capital Contributions 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 GENERAL PARTNER INFORMATION 12. P98000030977 DOCUMENT# STREET ADDRESS D&AM PROPERTIES, INC. NAME 669 FOREST LAIR STREET ADDRESS CITY-ST-7IP TALLAHASSEE FL 32312 CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP... CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIE 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 ADORESS 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

SIGNATURE: