2001 UNIFORM BUSINESS REPORT (UBR) B. Oak A98000002843 DOCUMENT # 1. Entity Name **BOOTH FAMILY LIMITED PARTNERSHIP** MAY -7 AM 11: 47 Principal Place of Business Mailing Address SECRETARY OF STATE GRAND VILLAS, UNIT 520 GRAND VILLAS. UNIT 520 TALLAHASSEE, FLORIDA 9815 HIGHWAY 98. WEST 9815 HIGHWAY 98, WEST DESTIN FL 32541-4111 **DESTIN FL 32541-4111** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3547541 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BOOTH, WALLACE R** Street Address (P.O. Box Number is Not Acceptable) **GRAND VILLAS, UNIT 520** 9815 HIGHWAY 98, WEST **DESTIN FL 32541-4111** 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. (NOTE: Registered Agent signature required when reinstating) 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT OF STATE \$742,125.00 as Shown on record. 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. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ANDRESS NAME BOOTH, WALLACE R STREET ADDRESS GRAND VILLAS, #520, 9815 HWY. 98 WEST CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541-4111 DOCUMENT # STREET ADDRESS NAME BOOTH, JOAN DOLORES STREET ADDRESS GRAND VILLAS, #520, 9815 HWY. 98 WEST CITY-ST-ZIP City-St-7iP DESTIN FL 32541-4111 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 ADDRESS CITY-ST-ZIP CITY-&T-ZIP DOCUMENT # STREET ADDRESS NAMÉ 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 no 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 impowered to execute this report is required by Chapter 620, Florida Statutes SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER