Mailing Address

11500 EL CLAIR RANCH ROAD

| 2003 LIMITED PARTNERSHIP            |                        |       |  |  |  |  |  |  |  |
|-------------------------------------|------------------------|-------|--|--|--|--|--|--|--|
| UNIFORM                             | <b>BUSINESS REPORT</b> | (UBR) |  |  |  |  |  |  |  |
|                                     | A98000002856           |       |  |  |  |  |  |  |  |
| 1. Entity Name OCALA TROPHY, LIMITE | D PARTNERSHIP          |       |  |  |  |  |  |  |  |

Principal Place of Business

11500 EL CLAIR RANCH ROAD



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APR 30' AM 10:33

SECRETARY OF STATE TALL AHASSEE, FLORIDA

| BUTNION BEACH PL 33437   |  | BUTNIUN BEAUTI FL 33437                |                         |  | 1,44   | 11-1-2411940  | € ا ومانيات،         | מטוווט.        |                 |          |   |                                       |
|--|--|--|-------------------------|--|--|---|----------------------|----------------|-----------------|----------|---|---------------------------------------|
|  |  |  |                         |  |  |   |                      |                |                 |          |   | <b>i i</b> 1414 ania 401 4 <b>1</b> 4 |
|  |  |  |                         |  |  |   |                      |                |                 |          | <b>i i i i i i i i i i i i i i i i i i i </b> |                                       |
| 2. Principal Place of Business 3. Mailing Address 3.483 W. Woolbright Rd. 3483 W.  |  |  | 1 *                     |  |  |   |                      |                | 1016) IIIII UUI |          | <b>    </b>                                   | ODI VÜCÜL DILID BEIL IDÜL             |
| ļ  |  | bright ka.                             | 3483 W. Woolbright Rd.  |  |  | α.  |                      |                | 10 A            |          |   |                                       |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.     |  |  |   | DUE BY MAY 1, 2003   |                |                 |          |   |                                       |
| City & Stat  |  |  | City & State            |  |  |   | 4. FEI               | Number         | 55-08822        | 73       |   | Applied For                           |
| Boynton Beach, FL 1  |  |  | Boynton Beach, FL       |  |  |   |                      |                |                 |          |   | Not Applicable                        |
| Zip<br>33436   |  | Country<br>US                          | Zip<br>  33436          | Country<br>US  |  |   | <b>5.</b> Cer        | rtificate of S | tatus Desire    | d 🏻      |   | 75 Additional<br>Required             |
|  | 6. Name  | and Address of Current I               | Registered Agent        |  |  | 7. Name and Address of New Registered Agent   |                      |                |                 |          |   | :                                     |
|  |  |  |                         |  | Name Stone Tone Idea                         |   |                      |                |                 |          |   |                                       |
| SIEMENS, RICHARD   |  |  | ļ                       | Stern Harold S. Street Address (P.O. Box Number is Not Acceptable) |  |   |                      |                |                 |          |   |                                       |
| 5801,N. CONGRESS AVENUE  |  |  | į                       | 3483°W. WoolbrighteRd.   |  |   |                      |                |                 |          |   |                                       |
| BOCA RA  | TON FL 33  | 487                                    |                         | -  |  |   |                      |                |                 |          |   |                                       |
| <i>J</i> *   |  | ,                                      |                         | }  | City   |   |                      |                | <del>-</del> -  |          | 1 7   | in Code                               |
|  |  |  |                         |  |  | В   | <u>oy</u> nt         | on Be          | ach             | F        |   | ip Code<br>33436                      |
| 8. The above named entity submits this statement for the purpose of analoging 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 .  | Signature, typed   | or printed name of registered agent at | nd title if a pricable. |  |  |   |                      |                | 44,24           | LO3 DATE |   | <del>_</del>                          |
| 9. Capital Contributions as Shown on record. \$3,000,000.00 10. Amount of Capital Co in FLORIDA to date.   |  |  |                         |  | outions                                      | ons 11. MAKE CHECK PAYABLE TO FL. DEPT. OF ST<br>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.                     | , (1) (1) (1)  | ADDRESS CHANGES ONLY                         |   |                      |                |                 |          |   |                                       |
| DOCUMENT #   | P97000071864   |  |                         | <b>†</b>   | T  |   |                      |                |                 |          |   |                                       |
| NAME   | OCALA 20   |  |                         | STREE  | ET ADDRESS                                   |   |                      |                |                 |          |   |                                       |
| STREET ADDRESS   |  | ONGRESS AVENUE                         |                         | 0.774  |  | •   |                      |                |                 |          |   |                                       |
| CITY-ST-ZIP  | BOCA RA  | TON FL 33487                           |                         | CITY-  | -ST-ZIP                                      |   |                      |                |                 |          |   |                                       |
| DOCUMENT #   | P02000073166 NEW MILLENNIUM OPERATING CORP. 11500 EL CLAIR RANCH ROAD BOYNTON BEACH FL 33437 |  |                         | OTDE   | ET ADDDECC                                   | 0400  |                      | TIT 7.1        |                 |          |   |                                       |
| NAME   |  |  |                         | STREE  | ET ADDRESS                                   | 3483 W. Woolbright Rd.  |                      |                |                 |          |   |                                       |
| STREET ADDRESS   |  |  |                         | CITY-  | ST-ZIP                                       | Desert Brook By 00400   |                      |                |                 |          |   |                                       |
| CITY-ST-ZIP  |  |  |                         |  | Boy  |   | nton Beach, FL 33436 |                |                 |          |   |                                       |
| DOCUMENT #<br>NAME   | -  |  |                         | STREE  | ET ADDRESS                                   |   |                      |                |                 |          |   |                                       |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                         | CITY-  | ST-ZIP                                       |   | ,, <u>.</u>          | · ··-          |                 |          |   |                                       |
| DOCUMENT #   | <del> </del>   |  |                         | $\mathbf{f}$   | +  |   |                      | 100            | 1017            | 5439     | 56]   |                                       |
| NAME   |  |  | STREE                   | ET ADDRESS   | 100017543561<br>ss 04/30/0301023007 **526.25 |   |                      |                |                 | 26.25    |   |                                       |
| STREET ADDRESS   |  |  |                         | CITY   | .T 7/D                                       |   |                      |                |                 |          | -   | `                                     |
| CITY-ST-ŽIP  |  |  | ,                       | GIIT-  | ST-ZIP                                       |   |                      |                |                 |          |   |                                       |
| DOCUMENT #<br>NAME   |  |  |                         | STREE  | ET ADDRESS                                   |   |                      |                |                 |          |   |                                       |
| STREET ADDRESS   |  | •                                      |                         | 0.77   | F  |   |                      | <del></del> -  | ,               |          |   |                                       |
| CITY-ST-ZIP  |  | <u></u>                                |                         | GHY-   | ST-ZiP                                       |   |                      |                |                 |          |   |                                       |
| DOCUMENT /<br>NAME   |  |  |                         | STREE  | ET ADDRESS                                   |   |                      |                |                 |          |   |                                       |
| STREET ADDRESS   | 1  |  |                         | 1  | <b> </b>                                     |   |                      |                |                 |          |   |                                       |
| CITY-ST-ZIP  |  |  | CITY-                   | ST-ZIP   |  |   |                      |                |                 |          | 1   |                                       |
|  | <del></del>  |  |                         |  |  |   |                      |                |                 |          | _   |                                       |

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:

LEONARD E GREENBERG 4/24/03

Daytime Phone #

CR2E003 (10/02)