2000 UNIFORM BUSINESS REPORT (UBR) A99000000422 DOCUMENT # PELED SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name GBB, LTD. 00 APR 26 AM 3: 05 Mailing Address Principal Place of Business 1101 NORTH LAKE DESTINY DRIVE. SUITE 400 1101 NORTH LAKE DESTINY DRIVE, SUITE 400 MAITLAND FL 32751-7119 MAITLAND FL 32751 3. Mailing Address 2. Principal Place of Business 474 S. NOWAY LORE BLUD 474 S. Noont DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc SUITE IVED 1020 8411E Applied For 4. FEI Number City & State HOMONE 59-3605028 Not Applicable タレフアロロロン ナモ \$8.75 Additional Zip 5. Certificate of Status Desired 327v j Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELGUIDICE, CHRISTOPHER 1101 N. LAKE DESTINY DRIVE, SUITE 400 MAITLAND FL 32751 1020 Zia Code ALAMONTE SOLUSS 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 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 9. Capital Contributions \$1,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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 13. 12. P99000023161 DOCUMENT# STREET ADDRESS GBB, INC. NAME 1101 N LAKE DESTINY DRIVE, SUITE 400 STREET ADDRESS 327w/ CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT #1 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-Z#

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:

SIGNOCULAR PLANT SERVICE AND THE PARTY OF SIGNING GENERAL PARTY

4/25

(321)207 - 7000