2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A99000000695 1. Entity Name FILLU SECRETARY OF STATE SOUTHERN PINES GOLF CENTER, LTD. DIVISION OF CORPORATIONS 00 JUL 26 PM 1:25 Principal Place of Business Mailing Address 16169-Southern-Boulevard 16169-Southern-Boulevard West-Palm-Beach;-FL-33414 West-Palm-Beach; -FL-33414 2. Principal Place of Business 3. Mailing Address 16169 Southern Boulevard 16169 Southern Boulevard Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Loxahatchee, FL Loxahatchee, FL 65-0914049 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33470 33470 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Robert L. Crane, Esq. Robert L. Crane, Esq. Boose Casey_Ciklin Street Address (P.O. Box Number is Not Acc Boose Casey Ciklin 515 North Flagler Drive, Suite 1900 West Palm Beach, FL 33401 515 North Flagler Drive, Suite 1800 City Zip.Code 3340Ι West Palm Beach 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) 10. Amount of Capital Contributions \$99,000.00 9. Capital Contributions 11 MAKE CHECK PAYABLE TO DEPT. OF STATE \$99,000.00 as Shown on record. 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 13. ADDRESS CHANGES ONLY P99000037761 DOCUMENT # CR2E003 (9/99) STREET ADDRESS Southern Pines Golf Center, Inc. 16169 Southern Boulevard STREET ADDRESS 16169 Southern Boulevard CITY-ST-7P CITY-ST-ZIP Loxahatchee, FL 33470 West Palm Beach, FL 33414 BOCOMENI # STREET ADDRESS 300003343163--3 CITY-ST-ZIP ST ZIP -08/02/00---01010---023-****526.25 ****526.25 STREET ADDRESS ---- ADDRESS CITY-ST-ZIP STREET ADDRESS turnece. CITY-ST-ZIP ST ZIP STREET ADDRESS CITY-ST-ZIP S1 770 STREET ADDRESS CITY-ST-ZIP \$7.710 I hereby certify that the information supplied with this filling 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

SOUTHER GOIT CENTER. its General 561-790-5270 SIGNATURE AND LARGE OF PRINTED NAME OF SIGNING GENERAL PARTNER
Steven Gruber, Vice President Daytime Phone #