| DOCUMENT # A99000000861  1. FILED  1. ENDY-Name PERIOR FAMILY LIMITED PARTNERSHIP  PERCEPT Place of Business  CHO C & G GRO CORP. CYC C & GRO CORP   | 2002 UNIFORM BUSINESS REPORT (UBR)  |   |                                |                          |  | APPROVE:   |  |
|--|---|---|--------------------------------|--------------------------|--|--|--|
| PENGE FAMILY LIMITED PARTINERSHIP  Principal Place of authors  (F) C & D GRO COSP  (F) C & G GRO COSP  (F) C & GRO COSP  (F) GRO COSP    | DOCUMENT # A9900000861  |   |                                |                          |  |  |  |
| Pinchard Pace of Surfless (NO & 6 of 60 COP) (277 SOUTH TANAM) TRAIL SARASOTA FL 3629  2. Principal Prope of Business  Subs. Act #, etc.  Subs. Ac   |   |   |                                |                          | 02 MAR 13 AM 9: 58                                 |  |  |
| City & Sites    Country      |   |   |                                |                          |  |  |  |
| 22. SPICOS PROCES PROCES STATE A SECTION TANAMINETAL SANSSTAR R. 94239  2. SPICOS PROCES PROCES STATE R. 94239  2. SPICOS PROCES PROCES STATE R. 94239  2. SPICOS STATE R. 942   |   |   |                                |                          |  | TATEAHASSEE, FLURIUA   |  |
| 2. Principal Piloc of Buenase 3. Maling Address Sulle, April 4. etc. Sulls, April 4. etc. Sul   | 2727 SOUTH  | TAMIAMI TRAIL                                 | 2727 SOUTH TAMIAMI TE          | 2727 SOUTH TAMIAMI TRAIL |  |  |  |
| Sure, Asil A. etc.  City & State  City & Sta   | SARASOTA FL 34239 SARASOTA FL 34239   |   |                                |                          |  | I PERITAH KANG KEMIT TERMI GERMI CERMI |  |
| City & State  Secret Address of Current  Registered Agent  7. Name and Address of New Registered Agent  8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or com, in the State of Fords.  8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or com, in the State of Fords.  8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or com, in the State of Fords.  8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or com, in the State of Fords.  8. The above or premier are an approvement agent with a statement of the purpose of premier are an approvement agent with a statement of the purpose of premier are an approvement agent with a statement of the purpose of premier are an approvement agent with a statement of the purpose of premier are an approvement agent with a statement of the purpose of premiers and approvement agent with a statement of the purpose of premiers are an approvement agent with a statement of the purpose of premiers are an approvement agent with a statement of the purpose of premiers are an approvement agent with a statement of the purpose of premiers are an approvement agent with a statement of the purpose of premiers are an approvement agent with a statement of the purpose of premiers and approvement agent with a statement of the purpose of the   | Principal Place of Business     3. Mailing Address  |   |                                | 5                        |  |  |  |
| South Country  2p   Country   Zp   Country   S. Certificate of Satus Desired   S8.75 Additional fee Reported  8. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent      | Suite, Apt.   | Suite, Apt. #, etc.                           | t. #, etc.                     |                          | DUE BY MAY 1, 2002                                 |  |  |
| See Name and Address of Gurrent Registered Agent  9. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and    | City & Stat   | le  | City & State                   |                          |  | EE_0000000   |  |
| 6. Name and Address of New Registared Agent  MARSHALL, EUZABETH C ESQ. C/O WILLIAMS, PARKER, ET AL 200 SOUTH ORANGE AVE. SARASOTA FL 34238  City FL 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.  SIGNATURE  Speake, sporter private mere of registered agent core to the Appetature  9. Capital Contributions as Shown on record.  4. AGENERAL PARTINET HATA IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH SOFFICE.  NOTE: General Partiners MAY NOT be changed on the form; an amendment must be filled to change a general partiner.  12. GENERAL PARTINET REGISTATION  13. ADORESS CHANGES ONLY  DODUMENT / MAKE STREY ADDRESS  STREY ADDRESS  STREY ADDRESS  STREY ADDRESS  CITY-SI-ZP  DODUMENT / MAKE STREY ADDRESS  CITY-SI-ZP  CITY-S   | Zip Country   |   | Zip Country                    |                          | try  | 5 Certificate of Status Desired S8.75 Additional   |  |
| MARSHALL, EUZABETH C ESO. C/O WILLIAMS, PARKER, ET AL 200 SOUTH ORANGE AVE. SARASOTA FL 34238  City FL Zip Code  6. The above named entity submits this statisment for the purpose of changing its registered agont, or both, in the State of Florida.  SIGNATURE  Symbol mysod or primarian in system of use of specials.  9. Capital Contributions as Story on record.  4.1.800,000.00  10. Amount of Capital Contributions as Story on record.  5.1.800,000.00  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SUFFOR FEE INFORMATION  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  14. DEPT. OF STATE SEE REVERSE SUFFOR FEE INFORMATION  15. ADDRESS CHANGES ONLY  16. GENERAL PARTNER INFORMATION  16. SIRET ADDRESS  CITY-ST-2P  COLUMBIT  NAME  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-   |   | 6. Name and Address of Current R              | egistered Agent                |                          |  | <u> </u>   |  |
| Signature:  Signat   | MARSHAI   | MADQUALL CUTADETU C COO                       |                                |                          |  | Name   |  |
| SARASOTA FL 34236  6. The above named entity automits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  Signature poet or private mere of represent agent and their applicable.  9. Capital Contributions as Shown on record.  9. Laptation London Sarason S   | -   |   |                                |                          | Street Address (P.O. Box Number is Not Acceptable) |  |  |
| 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  90. Capital Contributions as Shown on record.  \$1,800,000.00  10. Amount of Capital Contributions as Shown on record.  \$1,800,000.00  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVENES USING FOR FEE INFORMATION  A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: Chemeral Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  PRODUCTION OF THE PROPOSE OF THE STATE OF THE PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  STREET ADDRESS  CITY-ST-2P  COLUMENT / NAME  STREET ADDRESS  CITY-ST-2P  CITY |   |   |                                |                          |  |  |  |
| SIGNATURE  Bigulative, typed or primed name of impartment    | SARASOTA FL 34236   |   |                                |                          | City   | ity FL Zip Code  |  |
| 9. Capital Contributions as Shown or record.  A GENERAL PARTHER 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 filled to change a general partner.  12.  GENERAL PARTNER INFORMATION  13.  ADDRESS CHANGES ONLY  DOUMENT / C & G GRO CORP.  STREET ADDRESS  CITY-ST-2P  DOUMENT / STREET ADDRESS  CITY-ST-2P  TITLITIES 1 34-5-4-7-1  STREET ADDRESS     | 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. |   |                                |                          |  |  |  |
| 9. Capital Contributions as Shown on record.  A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERD AND ACTIVE WITH THIS OFFICE. MOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  DOUBLET!  C & G GRO CORP.  STREET ADDRESS  CITY-ST-2P  DOUBLET!  DOUBLET!  STREET ADDRESS  CITY-ST-2P  DOUBLET!  DOUBLET!  STREET ADDRESS  CITY-ST-2P  DOUBLET!  DOUBLET!  STREET ADDRESS  CITY-ST-2P  14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florids Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same inegal effect as if made under oath; that I am a General Partner of the imited parmership or the receiver or trustee empowered to execute its report are required by Chapter 620. Florids Statutes  SIGNATURE:  SIGNATURE:   | SIGNATURE Signature, typed or printed name of registered agent and title if applicable.   |   |                                |                          |  |  |  |
| 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT / NAME C & G RIO CORP.  STREET ADDRESS CHANGES ONLY  DOCUMENT / NAME C C CITY-ST-ZP  DOCUMENT / ST-ZP  DOCUMENT / NAME C CTTY-ST-ZP  DOCUMENT / ST-ZP  DOCUMENT /   | 9. Capital Contributions \$1.800.000.00 10. Amount of Capital Contri  |   |                                |                          | outions  |  |  |
| 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT / P3900004851  NAME C & G GRO CORP.  STREET ADDRESS CITY-ST-2P  DOCUMENT / NAME STREET   | A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE  |   |                                |                          |  |  |  |
| MME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STR   | 12. GENERAL PARTNER INFORMATION   |   |                                |                          | <u></u>  |  |  |
| CITY-ST-ZIP  DOCUMENT / NAME  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Socion 119.07(3)(i). Florida Statutes. I further certify that the information inclicated 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 imited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  SIGNATURE:  2/// City - 1/2 -    |   | C & G GRO CORP. 2727 SOUTH TAMIAMI TRAIL      |                                |                          | STREET ADDRESS                                     |  |  |
| DOCUMENT / NAME  STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT /    |   |   |                                |                          | -ST-ZIP  |  |  |
| STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  TALL 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 inclicated 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:  2/8/6/2 94/ 955 300.8   | DOCUMENT #  |   |                                |                          | ET ADDRESS   | -03/19/0201059007  |  |
| CITY-ST-ZIP  DOCUMENT / NAME  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT / NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT / NAME  STREET ADDRESS  CITY-ST-ZIP  14. 1 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 bits report as required by Chapter 620. Florida Statutes  SIGNATURE:  3/8/03 949 955 300 8  | _   |   |                                | ı                        |  | ****526.25 ****526.25  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  Thereby 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 inclinated 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:  23/8/03 94/ 955 300 8  |   |   |                                | CITY-                    | ST-ZIP   |  |  |
| CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS 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:   | NAME  |   |                                | STREE                    | ET ADDRESS   |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  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 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:  3/8/02 94/ 955 300.8  |   |   |                                | CITY-                    | ST-ZIP   |  |  |
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| NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  14. 1 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:  3/8/03 94/ 955 300 8   |   |   |                                | CITY-                    | ST-ZIP   |  |  |
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| the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  SIGNATURE:    Signature and intal 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  | · · · · · · · · · · · · · · · · · · ·   |   |                                | CITY-:                   | ST-ZIP   |  |  |
| SIGNATURE: CARDO PER ELECUIRED  3/8/02 94/ 955 300 8   | <b>14.</b> 1 hereby c   | ertify that the information supplied with the | is filing does not qualify for | the exem                 | nption stated in Sec                               | ction 119.07(3)(i), Florida Statutes. I further certify that the information                                   |  |
| SIGNATURE: CHENO PER GEQUIRED 3/8/02 941 955 300 8   | the receive   | er or trustee empowered to execute this r     | eport as required by Chapte    | er 620, F                | lorida Statutes                                    | ade driber dam, that i aim a General Partner of the limited partnership of                                     |  |
|  | SIGNATURE: CIPRO DE   |   |                                |                          |  |  |  |