2002 UNIFORM BUSINESS REPORT (UBR) FILED A9900000896 **DOCUMENT #** 02 MAR 15 AM 9: 31 1. Entity Name GUARDIAN-JUPITER PARTNERS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1551 SANDSPUR ROAD P.O. BOX 4961 MAITLAND FL 32751 ORLANDO FL 32802 311. 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Apolied For 59-3627434 Not Applicable Zio 1 \$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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD *PLANTATION FL 33324 City 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 Fiorida. 11 - MAKE-CHECK PAYABLE (10.00F) OF STATE --- SEE REVERSE SIDE FORMET INFORMATION 9. Capital Contributions 10. Amount of Capital Contributions \$100.00 as Shown on record. in FLORIDA to date. 2: 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 ADDRESS CHANGES ONLY 12. 13. F97000000250 DOCUMENT # STREET ADDRESS MOUNTAIN VIEW NATIONAL, INC. NAME 1775 BROADWAY STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10019** CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 100005146371--8 CITY ST-ZIP CITY-ST-ZIP -03/22/02--01042--030 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST- ZIP CITY-ST-71P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CHICK HIGH