2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000934 1. Entity Name STARY OF STATE DIVISION OF CORPORATIONS (THOMPSON FAMILY HOLDINGS, LTD. 00 APR 17 AM 11: 43 Principal Place of Business Mailing Address 700 WAVE CREST DRIVE. UNIT 103 P.O. BOX 4200 INDIALANTIC FL 32903 INDIALANTIC FL 32903 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apf. #, etc. Applied For City & State 4. FEI Number City & State 59-3583039 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THOMPSON, S. RONALD Street Address (P.O. Box Number is Not Acceptable) 700 WAVE CREST DRIVE, UNIT 103 INDIALANTIC FL 32903 Zip Code City 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 \$10,000,000.00 \$8,101,290 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 ADDRESS CHANGES ONLY 13. 12. CR2E003 (9/99) P99000049978-DOCUMENT # STREET ADDRESS THOMPSON FAMILY MANAGEMENT, INC. NAME STREET ADDRESS 700 WAVE CREST DRIVE, UNIT 103 CITY-ST-ZPP INDIALANTIC FL 32903 CITY-ST-ZIE -04/28/00--01039---025 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ACCORESS 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:

Daytime Phone #