APPRUVEL 2002 UNIFORM BUSINESS REPORT (UBR) AND A99000001084 FILED **DOCUMENT #** 1. Entity Name 02 APR 17 PM 2: 37 SOUTH SEBRING S.C., LTD. SECRETARY OF STATE TALL AHASSEE, FLORIDA Principal Place of Business Mailing Address C/O SOUTHERN MANAGEMENT & DEVELOPMENT. LP C/O SOUTHERN MANAGEMENT & DEVELOPMENT. LP 21301 POWERLINE ROAD, SUITE 312 21301 POWERLINE ROAD, SUITE 312 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc **DUE BY MAY 1, 2002** Applied For 4. FEI Number City & State City & State 65-0933273 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLALOCK, LANDERS, WALTERS & VOGLER, P.A. Street Address (P.O. Box Number is Not Acceptable) 802 11TH STREET WEST **BRADENTON FL 34205** 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 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,500,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. 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. G66829 OOCUMENT # STREET ADDRESS TAMNOR CORPORATION NAME

5410 HOMBERG DRIVE STREET ADDRESS CITY-ST-ZIP **KNOXVILLE TN 37919** CITY-ST-ZIP G66830 DOCUMENT # STREET ADDRESS NORTAM CORPORATION 5410 HOMBERG DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KNOXVILLE TN 37919** 625859 DOCUMENT # STREET ADDRESS WEST INVESTMENT COMPANY, INC. NAME 21301 POWERLINE ROAD, SUITE 312 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME? 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 865-584-4175

SIGNATURE:

IE OF SIGNING GENERAL PARTNER

Steven Levin, Treasurer West Investment 3/6/02