## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET N LIMITED **PARTNERSHIP** SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT A 99000001180 DOCUMENT # 1. Name of Limited Partnership FBSC HOLDINGS, LTD. 2. Principal Office Address 3. Mailing Office Address 5644 Corporate Way 4. Date Formed or Registered To Do Business in Florida 7/20/99 5644 Corporate Way 5. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 65-0934403 Not Applicable \$8.75 Additional Fee required for a Certificate of Status City & State City & State CERTIFICATE OF STATUS DESIRED West Palm Beach, FL West Palm Beach, FL 7a. Capital Contributions as shown on Record; Country Country \$100.00 7b. Amount of Capital Contributions in FLORIDA to date: \$100.00 8. Name and Address of Current Registered Agent Name FFES: FINE, FELIX Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. Street Address (P.O. Box Number is Not Acceptable) 5644 CORPORATE WAY Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year. Suite, Apt. #, Etc. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is definquent. Note: If the amount entered in 7b is greater than amount entered in Zip Code City 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee. 33407 WEST PALM BEACH Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620.192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT 18 A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Registration Document Number Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10a. City, State and Zip Code 10. Name(s) of General Partner(s) WEST PALM BEACH, FL P99000063897 **5644 CORPORATE WAY** FBSC INVESTMENT CO. 33407 ADM 1,000.00 800008961638--04/06/01--01011--00 AR 105.00 PRSUAP 177.50 \*\*\*1282.50 **\*\***\*128**2**.50 FEI STATEMENT 2000-200 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 11. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.02(9)(f) the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate angular my signature that have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by changes 520. Florida Statutes: SIGNATUBE-

Felix Fine, Authorized Agent

Telephone Number

Typed or Printed Name of General Partner Signing Form