2001 UNIFORM BUSINESS REPORT (UBR) A9900001678 DOCUMENT # 1. Entity Name SPJ INVESTMENTS, LTD. FILED 01 FEB 15 PM 5: 00 Principal Place of Business Mailing Address 6550 NORTH FEDERAL HIGHWAY 6550 NORTH FEDERAL HIGHWAY SECRETARY OF STATE SUITE 210 SHITE 210 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0950207 Not Applicable Zip Country Country \$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 SINGER, BERNARD A Street Address (P.O. Box Number is Not Acceptable) 4925-A SHERIDAN STREET HOLLYWOOD FL 33021 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, typed or printed game of (NOTE: Registered Agent signature required when reinstating) DATE tered agent and title if applicable. 9. Capital Contributions Salving Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT, OF STATE as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS 300003744793 NAME SULLIVAN, MICHAEL D STREET ADDRESS 6550 NORTH FEDERAL HIGHWAY ****526.25 CITY-ST-7IP ****526,25 CITY-ST-ZIP FT, LAUDERDALE FL 33308 DOCUMENT # STREET ADDRESS NAME JACOB, STEVE STREET ADDRESS 6550 NORTH FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 DOCUMENT # STREET ADDRESS NAME POWELL, GREG -STREET ADDRESS 6550 NORTH FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP DCCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hareby 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