APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) A99000001791 DOCUMENT # 1. Entity Name 00 MAR 29 AM 9: 04 ELLIS PARTNERSHIP, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 34041 PARKVIEW AVENUE 34041 PARKVIEW AVENUE EUSTIS FL 32736-7266 EUSTIS FL 32726 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State - 3603447 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ELLIS, LAURA R Street Address (P.O. Box Number is Not Acceptable) 34041 PARKVIEW AVENUE EUSTIS-FL-32726 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 Service DATE 10 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$2,373,619.00 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 13. ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS ELLIS, LAURA R TRUSTEE NAME 34041 PARKVIEW AVENUE STREET ADDRESS CITY-ST-7IP **EUSTIS FL 32726** CITY-ST-ZIP DOCUMENT # STREET ADDRESS 800003206448 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE

NAME STREET ADDRESS

CITY-ST-ZIP

Laura Rifelbourfloura R. Elis

3/12/00 352-483-357

Daytime Phone #

CR2E003 (9)