2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A99000001839 1. Entity Name MINNESOTA WAREHOUSES, LTD. Principal Place of Business Mailing Address 01 SECRETARY OF STATE P.O. BOX 350 P.O. BOX 350 LAHASSEE, FLORIDA WINTER PARK FL 32790-0350 WINTER PARK FL 32790-0350 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0962854 Not Applicable Zip 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 BELLOWS, DANIEL B ddress (P.O. Box Number is Not Acceptable) 425 WEST NEW ENGLAND AVENUE, SUITE 300 WINTER PARK FL 32789 2/0 PACK flement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above n entity submits this st DO+ SIGNATURE (NOTE: Registered Agent signature required when reinstating) ignature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT OF STATE \$990.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. CR2E003 (11/00) DOCUMENT # P95000022077 STREET ADDRESS NAME NEW ENGLAND AVE. DEVELOPMENT COMPANY <del>20000385471</del> STREET ADDRESS P.O. BOX 350 -03/15/01--01095--015 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32790-0350 \*\*\*\*141.25 \*\*\*\*141.25 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT ( 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 DOCUMENT # STREET ADDRESS NAME . STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 employered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

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