2000 UNIFORM BUSINESS REPORT (UBR) FILED A99000002213 **DOCÚMENT#** 1. Entity Name 00 MAY 15 PM 3: 27 BLANDING CROSSINGS ASSOCIATES LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3. Mailing Address THE GODDMAN COMPA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE S. FLARLER DR# 1101E City & State 4. FEI Number Applied For Not Applicable 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 WILLIAM A. SHEWALTER C/O THE GOODMAN COMPANY Street Address (P.O. Box Number is Not Acceptable) TO S. FLAGLER DR., SUITE 1104 W. PALM BEACH, FL 33401 City 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. (NOTE: Registered Agent signature required when reinstating) 10. Amount of Capital Contributions in FLORIDA to date. 298479 11. MAKE CHECK PAYABLE TO DEPT OF STATE 9. Capital Contributions 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 13. ADDRESS CHANGES ONLY 12, CR2E003 (9/99) L99000009195 DOCUMENT # BLANDING CROSSINGS LLC STREET ADDRESS NAME 777 S. FLAGLER DR., STE. 110/E STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 000003251850---8 -05/15/00--01015--037 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-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 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 empowered to execute this report as required by Chapter 620, Florida Statutes

BLANDING CROSSINGS LUC., LS MANAGER Sb1)833·3777