| DOCUMENT # BOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO   |             |                    |                |                     |  | FILED  OI APR 27 PM 6: 22  SECRETARY OF STATE TALLAHASSEE. FLORIDA   |                                   |
|---|-------------|--------------------|----------------|---------------------|--|--|-----------------------------------|
| 2. Principal Place of Business  |             |                    | 3. Mailing Add | ress                |  | THE BURNETHON CONTROL OF THE CONTROL |                                   |
| Suite, Apt. #, etc.   |             |                    | Suite, Apt. #, | Suite, Apt. #, etc. |  | DO NOT WRITE IN THIS   | SPACE SHIH                        |
| City & State  |             |                    | City & State   | City & State        |  | 4. FEI Number 59-265/087   | Applied For<br>Not Applicable     |
| Zip   | Zip Country |                    | Zip            | Country             |  | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |
| 6. Name and Address of Current Registered Agent   |             |                    |                |                     | Name   | 7. Name and Address of New Registered A  | Agent                             |
| MEYER, ARTHUR I<br>1601 BELVEDERE RD<br>SUITE 407 S   |             |                    |                |                     | Street Address (P.O. Box Number is Not Acceptable) |  |                                   |
| WEST PALM BEACH FL 33406  |             |                    |                |                     | City   | FL   | 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |             |                    |                |                     |  |  |                                   |
| 9. Capital Contributions as Shown on record.  9. Capital Contributions in FLORIDA to date.  |             |                    |                |                     |  | 11. MAKE CHECK PAYABLE<br>SEE REVERSE SIDE FO  | R 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   |             |                    |                |                     | 3.   | ADDRESS CHANGES ONL  |                                   |
| DOCUMENT # NAME MEYER, ARTHUR I STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33406   |             |                    | 7 SOUTH        | SOUTH CIT           |  |  |                                   |
| DOCUMENT #  | WEST FAL    | WI DEACH I E 30400 |                | SI                  | TREET ADDRESS                                      |  |                                   |
| NAME<br>STREET ADDRESS<br>CITY-SI-ZIP   |             |                    |                | CI                  | TY-ST-ZIP  | 000004193<br>-05/10/0101   | 9406<br>108018                    |
| DOCUMENT <b>#</b><br>NAME   |             |                    |                | Sī                  | TREET ADDRESS                                      | ****141.25   | ****141.25                        |
| STREET ADDRESS<br>CITY-ST-ZIP   |             |                    |                | CI                  | TY-ST-ZIP  |  |                                   |
| DOCUMENT #<br>NAME  | ]           |                    |                | ST                  | REET ADDRESS                                       |  |                                   |
| STREET ADDRESS<br>CITY-ST-ZIP   |             |                    |                | Cr                  | TY-ST-ZIP  |  |                                   |
| DOCUMENT #<br>NAME  |             |                    |                | ST                  | REET ADDRESS                                       |  |                                   |
| STREET ADDRESS<br>CITY-ST-ZIP   |             |                    |                | CL                  | TY-ST-ZIP  |  |                                   |
| DOCUMENT #<br>NAME  |             |                    |                | ST                  | REET ADORESS                                       |  |                                   |
| STREET ADOLESS CITY-ST-ZIP  |             |                    |                | Cit                 | TY-ST-ZIP  |  |                                   |

4. 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

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTY

4/26/01

(561)689-6601