FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 MAY -5 AM 9: 30

| MAGNOLIA BEACH PARTNERS, LTD. | | | | | | DO NOT WRITE IN THIS SPACE. | | | | |
|--|----------------------------------|---|---|--|--------------------------------------|--|--|--|----------------------------|-------------------------|
| 2. Mailing Address P. O. BOX 680176 | | 3. Principal Office Address 250 Washington Street | | | 4 | 4. Dete Formed or Registered To Do Business in Florida 9/29/93 | | | | |
| Suite, Apt #, etc | | Suite, Apt. #, etc. | | reer | 5 | FEI Number | | 7127 |) | Applied For |
| City & State Prattville, Alabama | | City & State Prattville, Alaba | | | | 63-1109534 6. | | | | Not Applicable |
| Zip 36068 | Country Autauga | Zip Country 36067 Auta | | CERTIFICATE OF STATUS DESIRED for a Certificate of | | | | onat Euro required ficate of Status | | |
| Ba. Capital Contributions as Shown on Record | | FEES:1.) Filling Fee(| | | amount entered in t | · | Alaba | | and a maximum at | |
| \$1,000.00 | | \$437.50, 1 | <u>due</u> this office | æ. | | | • | JF ⊕ 32.50 8 | ING & PILEARINGIN OF | |
| 8b. Amount of Capital Co FLORIDA to date | ntributions in | 3.) Penalty Fe | troops reset dass | <u>a</u> this office, beginning with 1992 calendar year. report form is <u>delinquent</u> ered in 8a, a supplemental affide vit must be submitted along with a separate and | | | | | | |
| 9. 1 | Name and Address of Current | | | | | 10. If changed, new registered agent/office | | | | |
| Robert Hughes, Esq. | | | | Name | | | | | | |
| | FITE, BASSETT | Street Address (P.O. | | | Box Number Brother Biography 2173766 | | | | | |
| & FENSOM | [| | Suite, Apt. #, etc. #明本味長56, 25 #明本味長56, 25 | | | | | | 656.25 | |
| 220 McKenzi Panama City | | | City FI Zip Code | | | | | | e | |
| It is the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) | | | | | | | | | | |
| 11. Names of General | | Address of Each (Do NOT Use Post O | General Part | ner | | ity, State and Zip C | | 11a. | | istration ent Number |
| Corporate G | eneral, Inc. | 250 Washing | ton St | reet | Prattv | ille, AL | 36067 | F90 | 2-6 | 595 |
| | | | | R | EINS | TATEN | MENT | Q' | 1 | -6 |
| Note: General p | artners MAY NOT | be changed on thi | s form; | an ame | endment i | nust be file | d to chan | ge a ge | eneral | partner. |
| Corporations from any this annual report is tru empowered to execute | liability of non-compliance with | | that the info | rmation suppl | olied is deemed e | xempt from public a | ccess. I further eral Partner of th | certify that th | ne informat tnership, r | tion indicated on |
| Typed or Printed Name of General Partner Signing Form Thomas E. Newton, President Telephone Number 334/365-9058 | | | | | | | | | | |