2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000520

1. Entity Name

VEARD - WINTER PARK, LTD.

Principal Place of Business	Mailing Address
3040 ALOMA STREET WINTER PARK FL 32792	3040 ALOMA STREET WINTER PARK FL 32792

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**DUE BY MAY 1, 2002**
City & State	City & State	4. FEI Number 59-3272724 — Applied For / Not Applicable
Zip — Country	Zip — Country	5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
F & L CORP. 200 LAURA STREET JACKSONVILLE FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) 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.   DATE

9. Capital Contributions as Shown on record. **$924,000.00**	10. Amount of Capital Contributions in FLORIDA to date. $ 924,000	11. **MAKE CHECK PAYABLE TO DEPT. OF STATE 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.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME VEARD, JON R STREET ADDRESS 300 WASHINGTON AVE., SUITE 102 CITY-ST-ZIP LORAIN OH 44052	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 10000518877 1 --3 -04/02/02--01064--015 ****535.00 ****535.00 CITY-ST-ZIP
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STAPLE CHECK HERE

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

SIGNATURE: X _____ G.P.   3/21/02   4402452813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

CR2E003 (9/01)