PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LIMITED FLORIDA DEPARTMENT OF STATE FILED SECRETARY OF STATE DIVISION OF CORPORATIONS PARTNERSHIP Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** W2 9/24 03 SEP 11 AM 8: 49 R9500000379 DOCUMENT # 1. Name of Limited Partnership Corporate Builders UD. 2001-2003 3. Mailing Office Addr Principal Office Add Date Formed or Registered To Do Business in Florida 2385 Executive Center Dr POB0x 873 Suite, Apt. #, etc Suite, Apt. #, etc. 5 FEI Numbe Applied For 133840801 Not Applicable # 100 CERTIFICATE OF STATUS DESIRED 188.75 Additional Fee required 6. City & State BOCA City & State for a Certificate of Status 乞 Katon 7a, Capital Contributions as shown on Record: 33431 Country \$20,000 7b. Amount of Capital Contributions in FLORIDA to date: 8. Name and Address of Current Registered Agent 20,000 Name FEES: Ernest D. CHL Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. Street Address (P.O. Box Number is Not Acceptable) 1234 Militar 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. Suite, Apt. #, Etc. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate City State 3442 Beae FL and appropriate filing fee. 9. Pursuant to the provisions of sections 620,1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement (10/02) To the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent, and accept the obligations of section 620.192, Florida Statutes. CR2E039 9/28/03 SIGNATURE (Registered Agent Accepting Appointment) _ A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration Document Number 10a. 10. City, State and Zip Code Name(s) of General Partner(s) 200022969432 -09/11/03-010/9-003-**0.25 1234 5. Military Te # 1812 CB of New YORK UD. 18960000003 Beach FL Deerfield Beach FL 334142 33442 200022939432 09/11/03-000/9-000 ##2186.25 REINSTATEMENT 2001-2005 200022969432 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indix 11. ess. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I buther certily that I am a General Partner of the limited permership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes, top Builday LP BogN Utd SIGNATURE -2130 Emes Typed or Printed Name of General Partner Signing Form Telephone Number