Balapalms Partners, L.P. SECRETARY OF STATE TALL AHASSEE. FLORIDA Principal Place of Business Asiling Address Mailing Address Mailing Address A. Mailing Address Mailing Address A. Mailing Address C/o Legal Dept. One Bala Ave., Ste. 400 DO NOT WRITE IN THIS SPACE A FEI Number Levid Stylle, Apt. 4, 620 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE A FEI Number A FEI Number DO NOT WRITE IN THIS SPACE A FEI Number DO NOT WRITE IN THIS SPACE A FEI Number DO NOT WRITE IN THIS SPACE A FEI Number DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE A FEI Number DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE A FEI Number DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE TO NOT SHAPE NOT A State A FEI Number DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE TO NOT SHAPE TO NOT SHAPE TO NOT WRITE IN THIS SPACE TO NOT WRITE IN THIS SP	,	$M \vdash N \sqcup \# P(M) \land A \land A$	INESS REPOI	(0	FILED	FILED		
2. Principal Place of Business 2. Sulle, Apr. 8, etc. 3. Mailing Address 2. Sulle, Apr. 8, etc. 3. Mailing Address 2. Cond. 1		" P44000	000124		01 MAY 23 PM 4: 49			
Applied For Corporation System 1. 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 1. Cape Submit Product of State of Stat		Balapalms Partners, L.P.			SECRETARY OF STATE			
2025 Lakepointe	Principal Place of Business Mailing Address				Million			
2025 Lakepointe								
Suite, Apt. 4, etc. 1B								
City & State Lewisville, TX City & State Bala Cyrnwyd, PA Country Zip T5057 See Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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 Control Company Signature					DO NOT MENTE IN THIS COACS	as 11.		
Lewisville, TX Bala Cynwyd, PA 23-2995418 Not Applicable Type	1B		One Bala Ave., Ste. 400		400			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name C T Corporation System 1200 South Pine Island Road Plantation, FL 33324 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 Spreture, types or prived name of impletened agent and the if applicable. (NOTE: Registered Agent agent agent agent agent and the if applicable. (NOTE: Registered Agent a	City & State Lewisv:	ille, TX		PA	1 22 2005410			
Name Street Address (P.O. Box Number is Not Acceptable)		Country		Country		ıl		
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: 9. Capital Contributions as Shown on record. A GENERAL PARTINER 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 filled to change a general partner. 12. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / M99000000382 Balapalms GP, LLC STREET ADDRESS 2025 Lakepointe, 1B Lewisville, TX 75057 STREET ADDRESS CITY-ST-ZP CITY-ST		6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent			
1200 South Pine Island Road Plantation, FL 33324 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, hoped or prined name of registered agent and the Fappicable. (NOTE: Registered Agent signature required when releasable) 9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME Balapalms GP, LLC SIRET ADDRESS CITY-ST-ZIP Lewi sville, TX 75057 DOCUMENT / NAME STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP ADDRESS CHANGES ONLY STRET ADDRESS CITY-ST-ZIP ADDRESS CHANGES ONLY STRET ADDRESS CITY-ST-ZIP ADDRESS CHANGES ONLY STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ADDRESS CHANGES ONLY STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ADDRESS CHANGES ONLY STRET ADDRESS CITY-ST-ZIP ADDRESS CHANGES ONLY ADDRESS CHANGES ONLY ADDRESS CHA	C TT CO	rmoration System						
Eity 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. Signature, hyped or printed name of registered agent and the # applicable. (NOTE: Registered Agent signature required when refusating) 9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$0 SEE: REVEASE; 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT! NAME Balapalms GP, LIC STREET ADDRESS CITY-ST-ZIP Lewisville, TX 75057 DOCUMENT! NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP A C 0 0 4 1 5 0 1 4 06/13/01 01110 - 019 ******141.25 ******141.	1200 S	outh Pine Island Ro	ad					
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, byted or printed name of registered agent and trite if applicable. (NOTE: Registered Agent signature required when revestating) 9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$0 SEE: REVEASE; 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / M99000000382 Balapalms GP, LLC 2025 Lakepointe, 1B Lewisville, TX 75057 DOCUMENT / STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP A C C C C C C C C C C C C C C C C C C	Plantation, FL 33324			City	FI Zip Code			
9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$0 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 / M9900000382 NAME Balapalms GP, LLC STREET ADDRESS CITY-ST-ZIP LEWISVILLE, TX 75057 DOCUMENT / NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP COCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP A COCUMENT / NAME STREET ADDRESS CITY-ST-ZIP A COCUMENT / NAME / NAM	8. The above	named entity submits this statement for	or the purpose of changing its	egistered office or				
9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$0 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 / M9900000382 NAME Balapalms GP, LLC STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP COCUMENT / NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AUGUST 1 SID 14 — — — — — — — — — — — — — — — — — —	CICNIATI IDE							
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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / M9900000382 Balapalms GP, LLC STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI						_		
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / M9900000382 Balapalms GP, LLC STREET ADDRESS CITY-ST-ZIP CITY-ST		on record. \$1,000.00	in FLORIDA to de	te.	\$U SEE REVEASE SIDE FOR FEE INFORMATI			
M9900000382 NAME Balapalms GP, ILC STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP ADDRESS CITY-ST-ZIP		A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS EN AY NOT be changed on th	TITY MUST BE I e form; an ame	nendment must be filed to change a general partner.			
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-			ER INFORMATION	13.	ADDRESS CHANGES ONLY			
CITY-ST-ZIP		Balapalms GP, LLC		STREET ADDRESS	S			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SW###141 25 ####141.	*			CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP 400044151014 CITY-ST-ZIP 400044151014 06/13/0101110019 ****141.25 ****141.	DOCUMENT #	Tewisville, 1x	75057	STREET ADDRESS	s			
DOCUMENT / STREET ADDRESS *****141.25 ****141.	NAME			CITY-ST-ZIP	400004419014-	=== 4 019		
	STREET ADDRESS			CALCEL TUDOLECC	****141.25 ****14	11.23		
STREET ADDRESS CITY-SI-ZP	STREET ADDRESS CITY-ST-ZIP DOCUMENT #			STREET MUUNESS	~ 1			
■ STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP DOCUMENT 4 NAME STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #			CITY-ST-ZIP				
DOCUMENT / STREET ADDRESS NAME	STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS			CITY-ST-ZIP STREET ADDRESS				
STREE NADORESS CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DOCUMENT # DOCUMENT # DOCUMENT #	·		CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP				
DULUMENT J. NAME STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #			STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP				

DAniel J. Keating, III

610-668-4100 Deytime Phone #

5/15/01 Date