2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIGNATURE?

## FILED DOCUMENT # B9900000182 1. Entity Name NOCH INTERNATIONAL FUND, L.P. 03 MAR 14 AM 8: 56 SECRETARY OF STATE Principal Place of Business Mailing Address 1978 GULF SHORE BLVD., SOUTH 1978 GULF SHORE BLVD., SOUTH NAPLES, FL 34102 NAPLES, FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1: 2003 City & State. City & State Applied For 13-3642091 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 Zip Code a. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions II MAKE CHECK PAYABLE TO FL DEPT OF STATE as Shown on record. \$16,157,575.00 in FLORIDA to date. 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 ADDRESS CHANGES ONLY DOCUMENT ? CR2E003 (10/02) STREET ADDRESS NAMÉ NOCH, MICHAEL A 1978 GULF SHORES BLVD SOUTH STREET ADDRESS 900014098709 <del>}/14/03 -01100--013 \*\*</del>526.25 NAPLES, FL 34102 CITY ST-215 CITY-S1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - \$1 - 2(P M THOMAS DOCUMENT ? STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-21P STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY -ST - ZIP 14. Thereby certify that the information supplied with this filling 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

MICHAEL A. NOCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER