2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L99000005642 Entity Name FILED DPLP PROCUREMENT L.L.C. 00 MAR 13 PM 12: 43 Principal Place of Business SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address 1995 E. HALLANDALE BEACH BLVD 1995 E. HALLANDALE BEACH BLVD 2ND FL HALLANDALE FL 33009-4708 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address ---Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOSLOW, ALAN B Street Address (P.O. Box Number is Not Acceptable) 3111 STIRLING ROAD FORT LAUDERDALE FL 33312 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MEMBERS 10. MGRM TITLE K Change Addition | Steinte DIPLOMAT PROPERTIES, L.P. NAME NAME 1995 E. HALLANDALE BEACH BLVD, 2ND FL STREET ADDRESS STREET ADDRESS HALLANDALE FL CITY- 8T- ZIP CITY-ST-ZIP Change Addition Delete TITLE TETLE NAME NAME 100003183521---03/24/00--01031--007 21; STREET ADDRESS STREET ADDRESS CITY- 8T- 7IP CITY-ST-7(P *****50.00 *****50.00 Addition TITLE C. Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-8T-21P Delete [] Change Addition TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP GITY- 8T- ZIP Change Addition | Delete TETLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition TITLE TITLE: Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #