| 1997   | DN<br>DRT   | Sandra B.<br>Secretar  | IMENT OF STATE<br>Mortham<br>y of State<br>ORPORATIONS  | -  | 997 8:00an<br>ry of State   |
|--|---|--|---|--|---|
| DOCUMENT<br>Corporation Name<br>SJOBERG PARTN  |   | (6)  |   |  |   |
|  |   | Mailing Address  |   | ·  | INE ALAN ANNI DIAN TINA UNU INU   |
| 404 OAKBROOK DRIVE<br>MPA FL 33624   |   | 10404 OAKBROOK DRIVE<br>TAMPA FL 33624-5353  |   |  |   |
|  |   |  |   | 3. Date Incorporated or Qualified 04/10/1992   | 3a. Date of Last Report<br>06/19/1996   |
| Principal Place of Busin   | less  | 2a. Mailing Address  |   | 4. FEI Number  | Applied For   |
| Suite, Apt. #, etc.  |   | 26 Suite, Apt. #, etc.   | ,   | 59-3118965   | Not Applicable  |
| ]  |   | 27   |   | 5. Certificate of Status Desired   | Fee Required  |
| City & State   |   | City & State   |   | <ol> <li>Election Campaign Financing<br/>Trust Fund Contribution</li> </ol>          | \$5.00 May Be<br>Added to Fees  |
| Ζιρ  | Country   | Zip  | Country   | 8. This corporation has liability for in   |   |
|  | 25 and Address of Curren  |  | 30  | Florida Statutes   | Yes No  |
| 1. Pursuant to the provisi   | ions of Sections 607.050  | 2 and CO7 1508 Elevide Publish   | 83<br>84 City   |  | FL 85 Zip Code  |
| office or registered ag<br>agent. I am familiar wi   | ent, or both, in the State<br>In, and accept the obliga   | of Florida. Such change was a ations of, Section 607.0505, Flo                                       | es, the above-named cor<br>uthorized by the corpora<br>rida Statutes.   | poration submits this statement for the pation's board of directors. I hereby accept | urpose of changing its registered<br>t the appointment as registered  |
| IGNATURE   | ent or both, in the State<br>th, and accept the obliga<br>printed name of registered age                                      |  | es, the above-named cor<br>uthorized by the corpora<br>rida Statutes.   | uired when rainstating)  | DATE  |
| IGNATURE Signature, typed  | 4   | nt and life if applicable (NOTE<br>D DIRECTORS   | Rogistered Agent signature req  |  | DATE<br>ERS AND DIRECTORS IN 12   |
| IGNATURE Signature, type:1 2. ILF D ME SJOBERG   | Printed name of registered age<br>OFFICERS ANI  | nt and the if applicable (NOTE   | . Registered Agent signature requ   | uired when rainstating)  | DATE<br>ERS AND DIRECTORS IN 12   |
| IGNATURE Signature, typed<br>2.<br>TLF D<br>SJOBERG<br>10404 0A  | OFFICERS ANI  | nt and life if applicable (NOTE<br>D DIRECTORS   | Rogistered Agent signature requ<br><b>13.</b><br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS  | uired when rainstating)  | DATE<br>ERS AND DIRECTORS IN 12   |
| IGNATURE Signature, typed<br>2.<br>ILE D<br>SJOBERG<br>10404 OA<br>1Y-ST. ZIP TAMPA FI   | OFFICERS ANI  | nt and life if applicable (NOTE<br>D DIRECTORS   | Rogistered Agent signature requ<br>13.<br>1.1 TITLE<br>1.2 NAME   | uired when rainstating)  | DATE<br>ERS AND DIRECTORS IN 12   |
| IGNATURE Signature, type:1 2. TLF D SJOBERG NEET ADDRESS 10404 OA TAMPA FI TLF D SME KLUBESC   | of Finted name of opposed age<br>OFFICERS ANI<br>A. H.T.D.<br>KBROOK DR.<br>L   | nt and trife if applicable (NOTE<br>D DIRECTORS  | Rogistered Agent signature requination         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY - ST - ZIP         2.1 TITLE         2.2 NAME   | uired when rainstating)  | DATE<br>ERS AND DIRECTORS IN 12   |
| IGNATURE Signature, type:1 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.  | of Ficers and<br>OFFICERS ANI<br>A. H.T.D.<br>KBROOK DR.<br>L<br>HEIDT, LEO W.<br>KBROOK DR.                                  | AL and MIE II Applicable (NOTE<br>D DIRECTORS  | Registered Agent signature requ<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-2IP<br>2.1 TITLE   | uired when rainstating)  | DATE<br>ERS AND DIRECTORS IN 12<br>Change Addition  |
| IGNATURE<br>Signature, type:<br>2.<br>TLF D<br>SJOBERG<br>INFT ADDRESS 10404 OA<br>TAMPA FI<br>TLF D<br>SME KLUBESC<br>10404 OA<br>TAMPA FI<br>10404 OA<br>TAMPA FI<br>10404 OA<br>TAMPA FI  | printed name of registered age<br>OFFICERS ANI<br>KBROOK DR.<br>L<br>HEIDT, LEO W.<br>KBROOK DR.                              | nt and trife if applicable (NOTE<br>D DIRECTORS  | Rogistered Ageni signature requ<br><b>13.</b><br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP<br>3.1 TITLE  | uired when rainstating)  | DATE<br>ERS AND DIRECTORS IN 12   |
| IGNATURE<br>Signature, type:<br>ALF D<br>SJOBERG<br>10404 OA<br>TAMPA FI<br>TUE D<br>KLUBESC<br>10404 OA<br>TAMPA FI<br>10404 OA<br>TAMPA FI<br>10404 OA<br>TAMPA FI<br>0<br>NEE D<br>KLUBESC<br>10404 OA<br>TAMPA FI<br>0<br>ME   | printed name of registered age<br>OFFICERS ANI<br>KBROOK DR.<br>L<br>HEIDT, LEO W.<br>KBROOK DR.                              | AL and MIE II Applicable (NOTE<br>D DIRECTORS  | Rogistered Agent signature requination         13.         1.1 TIFLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TIFLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP  | uired when rainstating)  | DATE<br>ERS AND DIRECTORS IN 12<br>Change Addition  |
| IGNATURE<br>Stipisture, type:<br>12.<br>TLF<br>ME<br>D<br>SJOBERG<br>10404 OA<br>TAMPA FI<br>TLF<br>D<br>KLUBESC<br>10404 OA<br>TAMPA FI<br>10404 OA<br>TAMPA FI<br>D<br>KLUBESC<br>10404 OA<br>TAMPA FI<br>D<br>KRUSE, R<br>10404 OA<br>TAMPA FI<br>D<br>KRUSE, R<br>10404 OA<br>TAMPA FI   | CFFICERS ANI<br>OFFICERS ANI<br>KBROOK DR.<br>L<br>HEIDT, LEO W.<br>KBROOK DR.<br>L<br>EINER<br>KBROOK DR.                    | nt and life if applicable (NOTE<br>D DIRECTORS   | Rogistered Ageni signature requiration         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY - ST - ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY - ST - ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY - ST - ZIP  | uired when rainstating)  | DATE<br>ERS AND DIRECTORS IN 12<br>Change Addition  |
| IGNATURE<br>Signature, type:<br>11.F<br>CAME<br>CAME<br>CIPEET ADDRESS<br>CIPEET ADDRESS | CFFICERS ANI<br>OFFICERS ANI<br>A, H.T.D.<br>KBROOK DR.<br>L<br>HEIDT, LEO W.<br>KBROOK DR.<br>L<br>KEINER<br>KBROOK DR.      | AL and MIE II Applicable (NOTE<br>D DIRECTORS  | Rogistered Ageni signature requiration         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY - ST - ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY - ST - ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS  | uired when rainstating)  | DATE<br>ERS AND DIRECTORS IN 12<br>Change Addition  |
| IGNATURE         Stiplature, type           2.         Stiplature, type           ALE         D           ME         SJOBERG           IVF-ST-ZIP         TAMPA FI           TLE         D           IV-ST-ZIP         TAMPA FI           TLE         D           IV-ST-ZIP         TAMPA FI           TLE         D           KLUBESC         10404 OA           IV-ST-ZIP         TAMPA FI           ME         KRUSE, R           NEET ADDRESS         10404 OA           TLE         D           ME         10404 OA           IV-ST-ZIP         TAMPA FI           D         KRUSE, R           IO404 OA         TAMPA FI           IV-ST-ZIP         TAMPA FI           IV-ST-ZIP         TAMPA FI           IV-ST-ZIP         TAMPA FI           IVE         D           IVE         D           IVE         D           IVE         D           REET ADDRESS         10404 OA  | CFFICERS ANI<br>OFFICERS ANI<br>A, H.T.D.<br>KBROOK DR.<br>L<br>HEIDT, LEO W.<br>KBROOK DR.<br>L<br>KEINER<br>KBROOK DR.<br>L | nt and life if applicable (NOTE<br>D DIRECTORS   | Rogistered Ageni signature requiration         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY - ST - ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY - ST - ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY - ST - ZIP         4.1 TITLE  | uired when rainstating)  | DATE<br>ERS AND DIRECTORS IN 12<br>Change Addition  |
| IGNATURE         Stenders type           2:         Stenders type           2:         D           AME         SJOBERG           IQ404         A           IY-ST-ZIP         TAMPA FI           TLF         D           KLUBESC         10404           IY-ST-ZIP         TAMPA FI           TLF         D           KLUBESC         10404           IY-ST-ZIP         TAMPA FI           ME         KLUBESC           IY-ST-ZIP         TAMPA FI           ME         TAMPA FI           ME         SJOBERG           IV-ST-ZIP         TAMPA FI           ME         TAMPA FI           ME         SJOBERG           IV-ST-ZIP         TAMPA FI           ME         JO404 OA           TAMPA FI         D           ME         SJOBERG           IV-ST-ZIP         TAMPA FI           IV <st-zip< td="">         TAMPA FI</st-zip<>   | CFFICERS ANI<br>OFFICERS ANI<br>A, H.T.D.<br>KBROOK DR.<br>L<br>HEIDT, LEO W.<br>KBROOK DR.<br>L<br>KEINER<br>KBROOK DR.<br>L | AL and THE IF Applicable (NOTE<br>D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE       | Rogistered Agent signature required         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         3.4 CITY-ST-ZIP         4.1 TITLE         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP  | uired when rainstating)  | DATE<br>ERS AND DIRECTORS IN 12<br>Change Addition<br>Change Addition<br>Change Addition                    |
| IGNATURE         Stenders type           2:         Stenders type           2:         Stenders type           AME         SJOBERG           IVF ST-ZIP         TAMPA FI           TLF         D           NME         SJOBERG           IV-ST-ZIP         TAMPA FI           TLF         D           KLUBESC         10404 OA           IV-ST-ZIP         TAMPA FI           ILF         D           ILF         D           ILF         D           ILF         D           IV-ST-ZIP         TAMPA FI           ILF         D           ILF         D           ILF         D           ILF         D           ILF   | CFFICERS ANI<br>OFFICERS ANI<br>A, H.T.D.<br>KBROOK DR.<br>L<br>HEIDT, LEO W.<br>KBROOK DR.<br>L<br>KEINER<br>KBROOK DR.<br>L | nt and life if applicable (NOTE<br>D DIRECTORS   | Rogistered Agent signature required         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         3.4 CITY-ST-ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS   | uired when rainstating)  | DATE<br>ERS AND DIRECTORS IN 12<br>Change Addition<br>Change Addition<br>Change Addition                    |
| IGNATURE         Suprature, type:1           2:         Suprature, type:1           ALE         D           ALE         SJOBERG           INF         D           ALE         D           ALE         SJOBERG           INF-ST-ZIP         TAMPA FI           INF-ST-ZIP         D           INET ADDRESS         10404 OA           INF-ST-ZIP         TAMPA FI           INF         D           KRUBESC         10404 OA           INF-ST-ZIP         TAMPA FI           INF         D           KRUSE, R         10404 OA           INF-ST-ZIP         TAMPA FI           INF         D           KRUSE, R         10404 OA           INF         D  | CFFICERS ANI<br>OFFICERS ANI<br>A, H.T.D.<br>KBROOK DR.<br>L<br>HEIDT, LEO W.<br>KBROOK DR.<br>L<br>KEINER<br>KBROOK DR.<br>L | AL and THE IF Applicable (NOTE<br>D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE       | Rogistered Ageni signature requiration         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY - ST - ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY - ST - ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY - ST - ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         3.4 CITY - ST - ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY - ST - ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         4.4 CITY - ST - ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS  | uired when rainstating)  | DATE<br>ERS AND DIRECTORS IN 12<br>Change Addition<br>Change Addition<br>Change Addition                    |
| IGNATURE<br>Signature, type:<br>ALF<br>ALF<br>ALF<br>ALF<br>ALF<br>ALF<br>ALF<br>ALF   | CFFICERS ANI<br>OFFICERS ANI<br>A, H.T.D.<br>KBROOK DR.<br>L<br>HEIDT, LEO W.<br>KBROOK DR.<br>L<br>KEINER<br>KBROOK DR.<br>L | AL and THE IF Applicable (NOTE<br>D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE       | Rogistered Agent signature requirements         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY - ST - ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY - ST - ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY - ST - ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         3.4 CITY - ST - ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         4.4 CITY - ST - ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY - ST - ZIP         5.1 TITLE         5.3 STREET ADDRESS         5.4 CITY - ST - ZIP  | uired when rainstating)  | DATE<br>ERS AND DIRECTORS IN 12<br>Change Addition<br>Change Addition<br>Change Addition                    |
| IGNATURE         Signature, type!           2.         Signature, type!           NLF         D           MRE         SJOBERG           10404         A           TAMPA FI         D           'LF         D   | CFFICERS ANI<br>OFFICERS ANI<br>A, H.T.D.<br>KBROOK DR.<br>L<br>HEIDT, LEO W.<br>KBROOK DR.<br>L<br>KEINER<br>KBROOK DR.<br>L | AL and Life If applicable (NOTE<br>DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE | Rogistered Ageni signature requiration         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY - ST - ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY - ST - ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY - ST - ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         3.4 CITY - ST - ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY - ST - ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         4.4 CITY - ST - ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS  | uired when rainstating)  | DATE<br>ERS AND DIRECTORS IN 12<br>Change Addition<br>Change Addition<br>Change Addition<br>Change Addition |
| IGNATURE<br>Signature type:<br>1LF<br>AME<br>D<br>SJOBERG<br>10404 OA<br>TAMPA FI<br>TUF<br>TUF<br>TUF<br>TUF<br>TUF<br>TUF<br>TUF<br>TUF  | CFFICERS ANI<br>OFFICERS ANI<br>A, H.T.D.<br>KBROOK DR.<br>L<br>HEIDT, LEO W.<br>KBROOK DR.<br>L<br>KEINER<br>KBROOK DR.<br>L | AL and Life If applicable (NOTE<br>DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE | Rogistered Agent signature required         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY - ST - ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY - ST - ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY - ST - ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         3.4 CITY - ST - ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY - ST - ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY - ST - ZIP         5.1 TITLE         5.3 STREET ADDRESS         5.4 CITY - ST - ZIP         5.1 TITLE         5.3 STREET ADDRESS         5.4 CITY - ST - ZIP         6.1 TITLE | uired when rainstating)  | DATE<br>ERS AND DIRECTORS IN 12<br>Change Addition<br>Change Addition<br>Change Addition<br>Change Addition |