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DOCUMENT # A000000174						į		FILED
CODINA FAMILY HOLDINGS II, LTD.								
			-	- A-i-			02	APR 29 AH 8:27
Principal Place of Business Mailing Address  355 ALHAMBRA CIRCLE. SUITE 900 355 ALHAMBRA CIRCLE.					000		÷ SFI	CRETARY OF STATE.
	LES FL 33134		355 ALHAMBRA CIRCLE. SUITE 900 CORAL GABLES FL 33134				TĂL	Cretahy of State . Ahassee, Florida
2. Principal I	Place of Busi	ness	3. Mailing Address	Mailing Address				
Suite, Apt	. #, etc.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.					
City & Star	te	744-	City P State			DUE BY MAY 1, 2002		
			City & State		4. FEI Number 65-0980765 Applied For Not Applicable			
Zip Country		Country	Zip		ntry	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Re			
BEFELER, HENRY								
355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES FL 33134					Street Address	Street Address (P.O. Box Number is Not Acceptable)		
CORAL	ANDLES FL	33 134			City			- 1 7:- 0-4-
8. The above named entity submits this statement for the purpose of changing its re					FL   -F			
<b>01</b> 1110 05070	ritario di criar	Submits this statement for	the purpose of changing	iis register	ed office or regist	ered agent, or both	, in the State of Florida.	
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable.	·	·		DATE	
9. Capital Contributions as Shown on record.  \$2,000,000.00  10. Amount of in FLORID				apital Contributions to date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
66	A C	ENERAL PARTNER TI General Partners MA	HAT IS A BUSINESS E	NTITY N	MUST BE REGIS	STERED AND A	CTIVE WITH THIS OFFI	CE
12. GENERAL PARTNER INFORMATION					,		ADDRESS CHANGES C	
Document# Name	CODILL NAMES AND ADDRESS AND			STREET . CITY-S				
REET ADDRESS 355 ALHAMBRA CIRCLE, SUITE 9 TY-ST-ZIP CORAL GABLES FL 33134			900					:
DOCUMENT #				стог	ET ADDRESS			(c)
NAME STREET ADDRESS	l l			STREET ADDRESS			<del>0005481</del>	<del>0239</del>
CITY-ST-ZIP				CITY-ST-ZIP			-05/07/02(	)1081006 <del>-****526.25</del>
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STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	***		
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iame Treet address						<del></del>	· · · · · · · · · · · · · · · · · · ·	
ITY-ST-ZIP OCUMENT #				CHY	-ST-ZIP			
AME <sup>®</sup>				STRE	ET ADDRESS			
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OCUMENT #				STRE	ET ADDRESS	<u> </u>		
TREET ADDRESS				CITY-	-ST-ZIP			
ITY-ST-ZIP  4. I hereby c	ertify that the	information supplied with the	n's filing does not qualify f			ection 119 07/2\/3	Elorido Statutas 15 atra	wife, these the information
indicated	on this report	is true and accurate and th	nat my signature shall have	the same	legal effect as if r	made under oath: ti	riorida Statutes, i further ce nat Lam a General Parther d	in the limited podescribin

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

(odung Investments, Inc.)

SIGNATURE:

SIGNATURE:

SIGNATURE

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