STAFLE UNEUN HENE

DOCUMENT # A0000001863  1. Entity Name NORTH AMERICAN DEVELOPMENT GROUP, LLLP				03	FILED APR 30 AM	0: 39	\$
Principal Place of Business ONE CLEMATIS ST., STE. 305 WEST PALM BEACH FL 33401  Mailing Address ONE CLEMATIS ST., STE. 30 WEST PALM BEACH FL 33401  WEST PALM BEACH FL 3340				SEC TAL	RETARY OF ST LAHASSEE, FL	ATE ORIDA	[]
Principal Place of Business     3. Mailing Address							<u>I</u> II
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2003			
City & State	City & State		4. FEI Number 6	5-1059621	Applied Fo		
Zip Country	Zip	Counti	ry	5. Certificate of Sta	atus Desired	\$8.75 Additional Fee Required	
Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name				$\exists$
WIENER, DAVID J ESQUIRE ONE CLEMATIS ST., STE. 305 WEST PALM BEACH FL 33401			Street Address (P	P.O. Box Number is N	ot Acceptable)		
			City		<del>-</del>	Zip Code	
The above named entity submits this statement for the obligations of registered agent.  SIGNATURE		ts registere	d office or registere	ed agent, or both, in the	he State of Florida. Ta		∍pt
Signature, type control tensistered agent as Shown on record.  Signature, type control tensistered agent as Shown on record.	and title if applicable.  10. Amount of Cap in FLORIDA to		utions	11		E BLE TO FL. DEPT. OF STA FOR FEE INFORMATION	TE
A GENERAL PARTNER T NOTE: General Partners MA							
12. GENERAL PARTNEF DOCUMENT / P00000105955	RINFORMATION .	13.	_ <del></del>	A	DDRESS CHANGES	ONLY	
AME NORTH AMERICAN DEVELOPMENT GROUP, INC. ONE CLEMATIS ST., STE. 305 WEST PALM BEACH FL 33401			T ADDRESS ST-ZIP	800017613968 -04/30/0301089021 **526.2		968	CR2E003 (10/02)
		STREE	T ADDRESS	04/30/0301089021 **526.25			
NAME Street address City-St-Zip		CITY-S	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	<del></del>		
DOCUMENT #		STREE	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP		ÇITY-S	ST-ZIP			·	
DOCUMENT # NAME		STREET	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY-S	ST-ZIP				
DOCUMENT # NAME STREET ADDRESS		STREE	T ADDRESS				
CITY-ST-ZIP		CITY-5	ST-ZIP				
DOCUMENT / VAME		STREE	T ADDRESS	<u> </u>	· .		
STREET ADDRESS CITY-ST-ZIP		CITY-S	ST-ZIP		·	. <u> </u>	
14. I hereby certify that the information supplied with indicated on this report is true and accurate and the receiver or trustee empowered to execute this North American By: North American By: North American By: North American By: Signature of the signature of	that my signature shall have s report as required by Char Development Gr can Developmen	e the same pter 620, Fl oup, I E Grou	legal effect as if ma orida Statutes LLP ID Inc., Ge	en. Ptr.	l am a General Partner	certify that the information of the limited partnership of the limited part	p or