Requester's Name H500 PGA BVA, Ste Address Palm Blach Gwall City/State/Zip Phone #	Office Use Only	:94 1001 ***35.00
1. <u>A01-1457</u> (Corporation Name)	PA MANGE (Document #)	-
2(Corporation Name)	(Document #)	200
3. (Corporation Name)	(Document#)	3. ₁ .
4(Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Certified Copy Photocopy Certificate of Status	7 ₁₂₋₁ , 15 y
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/Director, Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION REGISTRATION/QUALIFICATION Reinstatement Trademark Other	
CR2E031(7/97)	Examiner's Initials	

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Congress	Avenue Proper	Name of the limit	ed partnership		· · · · · · · · · · · · · · · · · · ·
10/17/01		•	101000001657	·· —	
2. 12/17/01	gistration in Florida	3	A0100001657 Document number	or accioned	
Date of Hillight	gistration in Fronda		Document number	or assigned	
1 The name of the r	agistered agent and	the registered o	ffice address as shown	on the record	s of the Florida
Department of Sta		the registered e	illico addices as shown	on the record	5 01 1110 1 101100
Department of 30	ue. Judith	ı Galui		_	
		Nam	e	·	•
	4500 I	GA Blvd.,	Suite 207	_	
		Address	3		
	Palm I	Beach Garden	ns, FL 33418	-	
	<u> </u>	City, State	and Zip		,
	4500 I	Stephanos Nam PGA Blvd., S	Suite 207		02 H/ SECR TALLA
	Florida st	reet address (P.O.	Box not acceptable)		
					30 748 7488
	Palm I	Beach Garder	ns, FL 33418		144
Construction of the	aaluuma authamissad	City, State			
6. Such change(s) was/were authorized by the general partners.		77.87	ار الا الا الا		
	- n . 1 L	人			
) with	SHUM_	Jean			
Signature of General Part	ner		-		
1			to a start of the	T.C. at	
with the provisions of	of all statutes relati cept the obligations hange in the registe	ve to the prope of mv position a	agree to act in this capa r and complete perfort is registered agent. Or, ess, I hereby confirm th	nance of my of if this docum	duties, and I am ent is being filed
Dune	1. Stepha	noda	2 agent	- 	
Signature of Registered A	'gent		-		
	-		-		

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00