A08836 **DOCUMENT #** 1. Entity Name ADMIRAL '80, LTD.



Principal Pla	ace of Bu	siness
2400 N.W. B	oca rati	on blvd
BOCA RATO	N FL 3343	31-6647

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address 2400 N.W. BOCA RATON BLVD. **BOCA RATON FL 33431-6647**

3. Mailing Address

Suite, Apt. #, etc.

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03 APR -8 PM 12: 22

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DUE BY MAY 1, 2003

City & State City & Sta		City & State	State		4. FEt Number 59-1999500 Applie				
Zip		Country	Zip -	- Count	iry	5. Certificate of	5. Certificate of Status Desired		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
					Name				
OLSON, NORMAN D.				}					
SUITE #5					Street Address (P.O. Box Number is Not Acceptable)				
2400 N.W. BOCA RATON BLVD.							- · · · · · · · · · · · · · · · · · · ·		
BOCA RATON FL 33431-6647									
					City	FL Zip Code			
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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE -	1,0								
A. Conitol Co		r printed name of registered agent ar	10. Amount of Capi	isal Cantrib			DA BANK CHECK DAVA	BLE TO FL. DEPT. OF STATE	
Capital Co as Shown or		\$325,000.00	in FLORIDA to		outions			FOR FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.									
12.	, 	GENERAL PARTNER	INFORMATION	13.		ADDRESS CHANGES ONLY			
DOCUMENT #	OLCON N	DOMAN D		STREE	T ADDRESS				
NAME OLSON, NORMAN D.			<u> </u>						
STREET ADDRESS 2400 N.W. BOCA RATON BL. CITY-ST-ZIP BOCA RATON FL			CITY-	ST-ZIP	8000	- •			
						<u> </u>	9915467	<u> 488 </u>	
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STREET ADDRESS CITY-ST-ZIP	I cii				ST-ZIP	1- 1			
14. I hereby o	ertify that the	information supplied with	his filing does not qualify fo	or the exen	nption stated in	n 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: ~ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Norman D. Olson

31Dec02 - 561-750-5000

Date

Daytime Phone #

CR2E003 (10/02)