2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A11813 1. Entity Name ROJE', LTD.				SECRETARY OF STATE NIVISION OF CORPORATIONS	
Principal Place 1360 PEACHTI SUITE 300 ATLANTA GA	Mailing Address 1360 PEACHTREE ST. SUITE 300 ATLANTA GA 30309-3283	PEACHTREE ST. E 300		00 JUH -9 PM 1:33	
2. Principal P	lace of Business	3. Mailing Address	Mailing Address		T TEGREDIA 1880. TIRBU TABBA KATAN TIEBU TAYA ARBAY DIBAY KATAN BIRAY BIRAY BIRAY BIRAY BIRAY ARBAY ARBAY
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State		City & State			4. FEI Number 58-1454726 Applied For Not Applicable
Zip	Country Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
GANEK, JEFFREY P. 3200 S. OCEAN BLVD., #203B PALM BEACH FL 33480				Street Address (P.O. Box Number is Not Acceptable)	
PALIVI DEA				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.					
9. Capital Contributions as Shown on record. \$88,551.63 10. Amount of Capital Contributions in FLORIDA to date.					11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE 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 # NAME STREET ADDRESS CITY - ST - ZIP	GANEK, JEFFREY P. 1360 PEACHTREE ST, S-300 ATLANTA GA			ET ADORESS -ST-ZIP	
DOCUMENT#	Albania sa		STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		·	CITY-	-ST-ZIP	
DOCUMENT# NAME			STRE	ET ADORESS	100003299421-1
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DOCUMENT# NAME			STRE	ET ADDRESS	
STREET ADORESS CITY - ST - ZIP				-ST-ZIP	
14. I hereby certify that the information supplied with this filing closs not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that five 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					

SIGNOUBE PECTURED
SIGNATURE AND UPPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: