DOCUMENT # A15288 101 NORTH MONROE STREET, LTD.							FILED			
Principal Place of Business C/O THE ALLEN MORRIS COMPANY 1000 BRICKELL AVENUE. SUITE 300 MIAMI FL 33131 2. Principal Place of Business				Mailing Address C/O THE ALLEN MORRIS COMPANY 1000 BRICKELL AVENUE, SUITE 300 MIAMI FL 33131			O1 MAR -7 AM II: 5			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			<u> </u>	City & State Zip Country			4. FEI Number Applied For Not Applicable			
Zip	Country 6. Name and Address of Current F					пу	5. Certificate of Status Desired			
MORRIS, W. ALLEN % THE ALLEN MORRIS COMPANY 1000 BRICKELL AVE., SUITE 1200 MIAMI FL 33131 8. The above named entity submits this statement for the purpose of changing its re-					gistere	City	s (P.O. Box Number is Not Acceptable) FL Zip Code			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R 9. Capital Contributions as Shown on record. \$1,000.00 A GENERAL PARTNER THAT IS A BUSINESS ENTINOTE: General Partners MAY NOT be changed on the					Contrib	UST BE REGIS	TERED AND AC	TIVE WITH THIS OFFI	BLE TO DEPT. OF STATE FOR FEE INFORMATION CE.	
12. GENERAL PARTNER INFORMATION DOCUMENT / NAME HAMMOND VENTURE, INC. STREET ADDRESS CITY-ST-ZIP MIAMI FL					13.	ADDRESS CHANGES ONLY T ADDRESS ST-ZIP				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	VIII VIII V					ET ADDRESS				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP ,	~~ · . · . · . · . · . · . · . · . ·					ET ADDRESS*	- 4000038294944 -03/09/0101144021 ****141.25 ****141.25			
DOCUMENT# ;					STRE	ET ADDRESS				
STREET ADDRESS' CITY-ST-ZIP					CITY-	ST-ZIP				
DOCUMENT # NAME STREET ADDRESS	i				STRE	ET ADDRESS				
CITY-ST-ZIP		<u> </u>			CITY-	-ST-ZIP				
NAME .* STREET ADDRESS						ET ADDRESS	•	•		
CITY-ST-ZIP	ertify that the	information supplied with	this fili	ng does not qualify for th		ST-ZIP	ection 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

STALLT A KEAUSED

3/05/2000

3-6-35 -1-00

Daytime Phone #