2002	UNII	LOKM BOSI		:33 KEPU)K I	(UDN						006,'4
DOCUI 1. Entity Name K & Z H			8					FILED				14
Principal Place	e of Business	3	Ma	iling Address					<mark>IAN 18 PM</mark> ETARY OF S			
C/O KRAMER 4000 HOLLYW HOLLYWOOD		RAMER & ZUCKERMAN. P.A. OLLYWOOD BLVD SUITE 485 SO. WOOD FL 33021			TALLA	HASSEE, FL	.ORIDA	1 2121(2101) 2(0) BISIS 1851				
Principal Place of Business 3. Mailing Address												. .
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY MAY 1, 2002				
City & State				City & State						Applied For Not Applicable	e	
Zip	Country			ip	itry		5. Certificate of Status Desired See Require					
•	6. Name	and Address of Current I	Regist	ered Agent	-	Name		7 Name and A	ddress of New R	egistered Ag	ent	\dashv
KRAMER, ROBERT M						Street Address (P.O. Box Number is Not Acceptable)						
	& ZUCKERI	•					., 200 (.			· ·		4
		BLVD SUITE 485 SOUT	ПН									
HOLLYWO	OOD FL 330	021				City				FL	Zip Code	
3. The above	named entity	submits this statement for	the p	urpose of changing its	register	ed office or r	egistere	ed agent, or both,	in the State of Fig	orida.		
SIGNATURE _	Signature, typed	or printed name of registered agent a	ınd title if	applicable.						DATE		
9. Capital Contributions as Shown on record. \$10,000.00 10. Amount of Capital in FLORIDA to dat						<u> </u>		.00	SEE REVER	SE SIDE FOR	TO DEPT. OF STATE FEE INFORMATION	
	A G	ENERAL PARTNER T General Partners MA	HAT I	IS A BUSINESS ENT The changed on t	NTITY M	IUST BE R 1: an amer	EGIST	ERED AND AC	TIVE WITH TH	IS OFFICE. eneral partr	ner.	
12.	1012.	GENERAL PARTNER			13.				ADDRESS CH			╛
DOCUMENT #	VDAMED	DODEDT M		EET ADDRESS						9/01		
NAME Street Address City-St-Zip		ROBERT M LLYWOOD BLVD #485 DOD FL		CIF							CR2E003 (9/01)	
DOCUMENT #	ZHOVEDN	AAN LECUE M			STRI	EET ADDRESS			······································		·	2
NAME Street address City-St-Zip	ZUCKERMAN, LESLIE H 4000 HOLLYWOOD BLVD #485 HOLLYWOOD FL					'-ST-ZIP			-U1/24 ****1	70201 58.75	1529 049002 ****158.75	
DOCUMENT # NAME		MITCHELL F		**	STRI	EET ADDRESS		<u>-</u> "		₹1.		
STREET ADDRESS CITY-ST-ZIP		LYWOOD BLVD #485 DOD FL 33021			CłTY	'-ST-ZIP						
DOCUMENT # NAME		OWARD N			STR	EET ADDRESS			.,		<u> </u>	
STREET ADDRESS CITY-ST-ZIP	HOLLYW(LLYWOOD BLVD. #485 DOD FL			CITY	'-ST-ZIP						
DOCUMENT # NAME					STR	EET ADDRESS		<u> </u>				
STREET ADDRESS CITY-ST-ZIP					CITY	'-ST-ZIP						_
DOCUMENT #		\$			STR	EET ADDRESS			•			_
STREET ADDRESS CITY-ST-ZIP						/-ST-ZIP	_				<u>.</u>	╣.
14. I hereby of indicated the receive	certify that the on this repor er or trustee	e information supplied with it is true and/accurate and empowered to execute thi	this fil that m s repo	ing does not qualify for y signature shall have rt as required by Chaj	or the exe the sam oter 620,	emption state e legal effec Florida Statu	ed in Se t as if m ites	ction 119.07(3)(i) nade under oath; i	Florida Statutes. that I am a Genera	I further certif al Partner of th	y that the information ne limited partnership o	or

SIGNATURE:

D Robert M. KRAMIN