2001	LINIE)RM	BUSINESS	REPORT	(URR
ZUU I	VITIES	JNIII	DUJINEJJ	REFURI	lonu'

DOCUMENT # A30325 1. Entity Name					FILED	
FLORIDA REALTY FUND TWO, LTD.					01 HAY 16 PM 4: 49	
Principal Place of Business Mailing Address			 .	,	SECRETARY OF STATE TALLAHASSEE. FLORIDA	
P.O. BOX 429 ST. PETERSBURG FL 33731-0429 ST. PETERSBURG FL 33731-0429			731-0429			
Principal Place of Business Address						
100 Second Avenue North Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE	
Suite 200 City & State St Petersburg, FL		City & State	City & State		4. FEI Number Applied For S9-3007765 Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired Service Required Fee Required	
33701	Pinellas 6. Name and Address of Curren	t Registered Agent		T	7. Name and Address of New Registered Agent	
				Name		
IRWIN, IAN F. 222 2ND ST. N.				Street Address (P.O. Box Number is Not Acceptable) 100 Second Avenue North Suite 200		
ST. PETERSBURG FL 33701				City FL Zip Code 33701		
8. The above	named entity submits this statement	for the purpose of changing it	s register		egistered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registere	d Agent signature	required when reinstating) DATE	
9. Capital Co as Shown		10. Amount of Capi in FLORIDA to		butions .	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER	THAT IS A BUSINESS EN	NTITY M	UST BE RI	EGISTERED AND ACTIVE WITH THIS OFFICE. dment must be filed to change a general partner.	
12.	GENERAL PARTNE		13.	,	ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L75503 FLORIDA CLEAN AIR, INC. 222 2ND ST. N.			-ST-ZIP	100 Second Avenue North Suite 200 St Petersburg, FL 33701	
DOCUMENT #	ST PETERSBURG FL	***	STRI	ET ADORESS		
NAME STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	2000044188629	
DOCUMENT #			STRI	EET ADDRESS	2000044188629 -06/13/01-01103-015 ****526.25 ****526.25	
STREET ADDRESS CITY-ST-ZIP		·	CITY	'-ST-ZIP		
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DOCUMENT.	·		STR	EET ADDRESS		
STREET ADDRESS CITY-ST-BIP			•	'-ST-ZIP		
14. I hereby of indicated the received	certify that the information supplied y I on this report is true and accurate ar ver or trustee empowered to execute t	If this filing does not qualify food that my signature shall have this report as required by Cha	or the exe e the sam pter 620,	emption state e legal effect Florida Statu	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information as if made under oath; that I am a General Partner of the limited partnership or tes	

SIGNATURE:

Florida Clean Air Inc
Florida Clean Air Inc
OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/01 Date

(727)821-5178

Daytime Phone #