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DOCUMENT # A9600001459  1. Entity Name										1.5	
MICHAEL BOWLING ENTERPRISES LIMITED #1						FILED					
Principal Place of Business Mailing Address							02 APR 24 PM 2: 39				
503 CENTRE		5	Mailing Address	503 CENTRE STREET			SECRETARY OF STATE				
FERNANDINA BEACH FL 32034			FERNANDINA BEACH FL 32034				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
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2. Principal F	Place of Busin	ess	3. Mailing Address								
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DUE BY MAY 1, 2002				
City & State			City & State			<b>4.</b> F	4. FEI Number 59-3396163 Applied For Not Applicable				
Zip		Country	Zip	Cour	ntry	<b>5.</b> C	Certificate o	of Status Desired	□ <b>\$</b>	8.75 Additional se Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
YONG, FRANK J ESQUIRE					Name						
	ERSIDE AVI					Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE FL 32201											
					City				FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its registe						ice or registered agent, or both, in the State of Florida.					
SIGNATURE .	Signature, typed	or printed name of registered agent		<del>_</del>			DATE				
9. Capital Contributions as Shown on record.  \$10,000.00  10. Amount of Capital Contributions in FLORIDA to date					### 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
	A G NOTE:	ENERAL PARTNER T General Partners MA	HAT IS A BUSINESS Y NOT be changed o	ENTITY No n the form	IUST BE RE 1; an amend	EGISTEREC dment mus	D AND AG St be filed	CTIVE WITH 1 I to change a	'HIS OFFICE. general partr	ier.	
12. GENERAL PARTNER INFORMATION						ADDRESS CHANGES ONLY					
DOCUMENT # NAME	P9600006	2108 Y DEVELOPMENT, INC		STAI	EET ADDRESS						
STREET ADDRESS	503 CENTRE STREET		•	CITY	-ST-ZIP						
CITY-ST-ZIP	FERNANDINA BEACH FL 32034				OI ZN		4000054523143 -05/06/0201028019				
DOCUMENT # NAME					ET ADDRESS		****158.75 ****158.75				
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP	,					
DOCUMENT # NAME				STRE	ET ADDRESS						
CITY-ST-ZIP	TREET ADDRESS ITY-ST-ZIP				-ST-ZIP						
DOCUMENT # NAME			, , ,	STRE	ET ADDRESS						
STREET ADORESS CITY-ST-ZIP								. 1047	<del></del>		
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DOCUMENT / NAME			<del></del>	STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	) N				-ST-ZIP						
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I hereby certify that the information supplied with this filing does 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 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 coport as required by Chapter 620, Florida Statutes

\*\*TAN SIKONSKI, VP

| SIGNATURE: | SIGNATURE AND TYPED DEFINITED NAME OF GIVING GENERAL PARTNER

| Data ED HAME OF GIGHING GENERAL PARTNER **SIGNATURE:**