

DOCUMENT # A98000000763
 1. Entity Name
SOLVIL PARTNERS, LTD.

FILED
 00 JAN 31 PM 1:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 ATTN: HAROLD B. JACOBSONH ATTN: HAROLD B. JACOBSONH
 7900 GLADES ROAD, SUITE 510 7900 GLADES ROAD, SUITE 510
 BOCA RATON FL 33434-4105 BOCA RATON FL 33434-4105



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **65-0823134** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JACOBSONH, HAROLD B
7900 GLADES ROAD, SUITE 510
BOCA RATON FL 33434-4105

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record: **\$372,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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	K64236 SUPREMA, INC. 7900 GLADES ROAD, SUITE 510 BOCA RATON FL 33434-4105	STREET ADDRESS CITY - ST - ZIP	
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14. 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 report as required by Chapter 620, Florida Statutes

SIGNATURE: **HAROLD B JACOBSONH** Date: **1/27/00** Daytime Phone #: **861-883-5959**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER