UN	<b>IFOR</b>	M BUSINI			Ea									
DOCUMENT # A98000001289  - Entity Name FRIDAY P.M., LTD.								O3 MAR 31 PM 2: 36 SECRETARY OF STATE TALLAMASSEE FEORIDA						
Principal Place of Business 115 CHEETAH TRAIL VINTER SPRINGS FL 32708				Ö W. FAIRBANKS AVE. NTER PARK FL 32789										
Principal Place of Business 3. Mailing Address								1 (881811 (818		ZENI BONI ODN	1 46101		M 11001 10110 1941 IBEI	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY MAY 1, 2003						
City & State				City & State		4. FEI Number 59-3543			2			Applied For Not Applicabl	e	
Zip Country			;	Zip	try	5. Certificate of Status Desired \$8.75 Additi					equired			
	and Address of Current			7. N	ame and Add	iress of Nev	Registered	j Age	ent	·	$\exists$			
FREYTAG, ELLEN 1115 CHEETAH TRAIL WINTER SPRINGS FL 32708						Name Street Address (P.O. Box Number is Not Acceptable)								_
													•	
						City	FL Zip Code						p Code	
The above	named entity	submits this statement for	ourpose of changing its	ed office or regist	stered age	ent, or both, in	the State of	Florida. I ar	n fam	nilia	r with, and accept	Π		
the obligat	ions of regist	ered agent.	1	<del>_</del>	D	_ , ,								
SIGNATURE -	Signature lyned	or printed name of registered agent	t and title i	toplicable		sides	<u>ul</u>			DATE			<u></u>	
9. Capital Contributions as Shown on record. \$172,000.00 in FLORIDA to date						butions		1					. DEPT. OF STATE INFORMATION	
	A ( NOTE:	GENERAL PARTNER General Partners M	AY NO	T be changed on th	TITY Mane form	UST BE REGIS ; an amendme	ISTEREI ent mus	D AND ACT	change a	general p	artn	er.		
12.	GENERAL PARTNER INFORMATION						<del></del>		ADDRESS (	CHANGES O	NLY			$\dashv$
OCUMENT #	FRI-REAL, INC. 1115 CHEETAH TRAIL				STR	EET ADDRESS								
TREET ADDRESS CITY-ST-ZIP					-ST-ZIP						,		╛	
OCUMENT # IAME							N <sub>4</sub>							
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP	(	000 04/01/03	}0100	<b>154</b> 5 1007	5 <b>5</b>	¥52	1 26.25	
OCUMENT #		. حيد ب	-	<del></del>	- · STRE	EET ADORESS:			~ ~c	<b>-</b>				_
STREET ADDRESS CITY-ST-ZIP			-		CITY	-ST-ZIP							·	_
OCCUMENT #					STRE	EET ADDRESS	<u></u> ,	1	·) /	1				4
STREET ADDRESS					CITY	-ST-ZIP		·//_	<u> </u>					_
DOCUMENT # MAME STREET ADDRESS	,					EET ADDRESS								$\dashv$
CITY-ST-ZIP		*** 14			CITY	-ST-ZIP						-		_
ocument #  ame					STRI	EET ADDRESS							;	
STREET ADDRESS		•			CITY	-ST-ZIP								

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

3-28-3