DOCUMENT # A9900000775  1. Entity Name							007688 AF
JAZCO PROPERTIES, LTD.					FILED	D	51
Principal Place of Business Mailing Address					01 MAR 16 AM 11: 56	M	
234 ALEXANDER PALM ROAD BOCA RATON FL 33432		234 ALEXANDER PALM ROAD BOCA RATON FL 33432			SECRETARY OF STATE TALLAHASSEE, FLORIDA	V Risk Grass (Resk Stade Blas (Bes	
2. Principal Place of Business		3. Mailing Address			-		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	
City & State		City & State			4. FEI Number 65-0913483	Applied For Not Applicable	
Zip Country		Zìp Count		try	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and Address of New Registered	Agent	
ZIPPER, JEFFREY A 234 ALEXANDER PALM ROAD					(P.O. Box Number is Not Acceptable)		
BOCA RA	TON FL 33432			City	FL	Zip Code	
8. The above	named entity submits this statement f	or the purpose of changing its i	egister	ed office or registe	ered agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agen	at and little if applicable (NOTE	Registere	d Agent signature require	ed when reinstating) DATE		
9. Capital Contributions as Shown on record. \$1,500,000.00 In FLORIDA to date.					11. MAKE CHECK PAYABLI SEE REVERSE SIDE FO		
					TERED AND ACTIVE WITH THIS OFFICE nt must be filed to change a general pa		
12. GENERAL PARTNER INFORMATION				<del>^</del>	ADDRESS CHANGES ON		=
DOCUMENT # NAME STREET ADDRESS	ZIP EQUITIES, INC.  234 ALEXANDER PALM ROAD		ł	EET ADDRESS -ST-ZIP			R2E003 (11/00)
CITY-ST-ZIP DOCUMENT #	BOCA RATON FL 33432		-				RZEO
NAME STREET ADDRESS			1	-ST-ZIP	100003889 -03/20/010	1111014	ਹ
CITY-ST-ZIP -DOCUMENT #	<del></del>			ET ADDRESS	****526,25	****526.25	_
NAME STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZiP	100003889 -03/20/010	1213 1111015 ******8.75	
DOCUMENT #			STRE	ET ADDRESS	******8.75	******O. 13	
NAME STREET ADDRESS CITY-ST-ZIP		·	CITY	-ST-ZiP	<del></del>	·	
DOCUMENT #			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	·		
DOCUMENT /			STRE	ET ADDRESS			
STREET ADDRESS CITY-SY-ZIP			1	-ST-ZIP			
maicatea	certify that the information supplied wit on this report is true and accurate and yer or trustee empowered to execute the	d that my signature shall have th	ie same	e legal effect as if r	ection 119.07(3)(i), Florida Statutes. I further cei made under oath; that I am a General Partner of	tify that the information the limited partnership or	
SIGNAT		UFTCFFCJA R PRINTED NAME OF SIGNING GENERAL	PARTNE	pper		520 -8534 aytime Phone #	