DOCUMENT # A9900001823 1. Entity Name C.E.C. INVESTMENT GROUP LTD.				SECRETARY OF STATE DIVISION OF CORPORATIONS
Principal Place of Business Mailing Address 9664 HERSHAM COURT 9664 HERSHAM COURT JACKSONVILLE FL 32221 JACKSONVILLE FL 32221				00 SEP 29 PM 1: 16
Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FELNumber
Zip .	Country	Žip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134			Street Address	s (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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
9. Capital Contributions as Shown on record. \$2,000.00 10. Amount of Capital in FLORIDA to date			Contributions	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 DOCUMENT #			13. STREET ADDRESS	ADDRESS CHANGES ONLY
NAME STREET ADDRESS CITY-ST-ZIP	Douglas, Carl C 9664 Hersham Court Jacksonville Fl 32221	i	CITY-ST-ZIP	
DOCUMENT #	ONONO ON ILLE TE GEEZT		STREET ADDRESS	6000034147466 -10/05/0001053015
STREET ADDRESS CITY-ST-ZIP	s .		CITY-ST-ZIP	****541.25 ****541.25
DOCUMENT / NAME			STREET ADORESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT # NAME	-	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,		CITY-ST-ZIP	
DOCUMENT # NAME	<u>š</u>		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT # NAME	·.		STREET ADDRESS	
STREE: ADDRESS			CITY-ST-ZIP	
ia. I hereby c	ertify that the information supplied with thi	is filling does not qualify for th	ne exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information

Thereby 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: CARO

CARMACIJAS BEQUEED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/26/00 904 745 745 Date Daytime Phone # CR2E003 (5/00)