			NESS REPO	RT (UB	<b>R)</b>	
DOCUMENT # ' A9300000303  1. Entity Name  TRIPLE R ASSOCIATES, LTD.					FILED	
					00 JAN 10 AM 9: 06	
0 : 10			Mallanda		I "	
Principal Place of Business  5651 NW 29TH ST.  MARGATE FL 33063			Mailing Address <del>5651 NW 29TH S</del> T.  MARGATE FL 33334-1991		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business  3. Mailing Address  3. Value 157 Avenue  3. Value 157 Avenue				T How was		
2. Principal Place of Business  (300 N K / 37 A VENUE  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.			Suite, Apt. #, etc.	LOOK	DO NOT WRITE IN THIS SPACE	
City & State	e	PALE FLA	City & State		4. FEI Number 59-2725475 Applied For Not Applicable	
Zp 3333		Country USA	Zip 33334	Country U 5 9	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	~ 6. Name a	and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent	
CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE FL 32301					Street Address (P.O. Box Number is Not Acceptable)  City   Zip Code	
				City	FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registers SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register 9. Capital Contributions \$11,078,901.00 in El ORIDA to date				: Registered Agent sign	ature required when reinstating)  DATE  11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as Shown o	A G	ENERAL PARTNER TH	in FLORIDA to da	TITY MUST BE	SEE REVERSE SIDE FOR FEE INFORMATION  REGISTERED AND ACTIVE WITH THIS OFFICE.	
12.	NOTE:	GENERAL PARTNER		13.	endment must be filed to change a general partner.  ADDRESS CHANGES ONLY	
DOCUMENT# NAME	P93000013109 JJR INVESTMENT CORP.		STREET ADDRESS	6300 NE IST ALENUE - 3RO FROR		
STREET ADDRESS CITY-ST-ZIP	5611 N.W. MARGATE	29TH STREET FL 33063	·····	CITY~ST~ZIP	Fr. HAUDERDAZE FRORIDA 33334	
DOCUMENT# NAME STREET ADDRESS				STREET ADORESS	7000003099920==5	
CITY-ST-ZIP DOCUMENT#				STREET ADDRESS	-01/14/0001104019 - ****526.25 ****528.25	
NAME STREET ADDRESS				CITY-ST-ZIP		
CITY-ST-ZIP DOCUMENT#				STREET ADDRESS	2	
NAME Street address City - St - Zip				CITY-ST-ZIP		
DOCUMENT #				STREET ADDRESS		
STREET ADURESS				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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP DOCUMENT &

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

TOTAL DE CONTROL S. ROSCHMAN PROSPERSY 6/2000 954.570.7900

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