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2. Principal												
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- :-		5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent							4			
6. Name and Address of Current Registered Agent					Name							\dashv
Truxton, Gregg s esquire 12800 University Drive, Suite 240					Street A	ddress (F	P.O. Box Number is Not Acceptable)					\dashv
FT MYERS FL 33907						e 340					•	\dashv
					GitY.	Myers	3		FL	Zjo3G	119	_
8. The above	e named entity s	submits this statement for	the purpose of changing its	egistere				, in the State of Flo		333		\dashv
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					egistered Agent signature required when reinstating) -U5/1/U1bare() U3 - U24 Contributions 11. MAKE SECIN PARABLE WEST FOR STORES						024	
9. Capital Co as Shown	ontributions on record.	\$9,048,282.69	10. Amount of Capita in FLORIDA to date		outions				H PAYABLE # Se side for			
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12.	GENERAL PARTNER INFORMATION				,			ADDRESS CHANGES ONLY				\exists_{\neg}
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14. I hereby certify that the information supplied with this fling 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 ply 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 Chapte 620, Florida Statutes

758 22,2001 941-481-988

SIGNATURE:

HEUNIC FLORIDA INTERNATIONAL
SENERAL PARTNER
Date
Date

Daytime Phone #