CR2E003 (11/00)

200	1 UNIFORM BU	SINESS REPC)RT ((UBR))						
DOCUMENT # , A9600001117					FILED						
WESTERN PACIFIC, LTD.					01 MAY -1 PM 5: 25						
Principal Place of Business Mailing Address					SECRETARY OF STATE						
901 MARTIN (PALM CITY FI	Downs Blvd Suite 216 L 34990	P.O. BOX 439 Palm City Fl 34991					TALLAHASS	ÈE, FL	ÖRIDA	\	
2. Principal	Prace of Business	3. Mailing Address	· 								
Suite, Apt # 315	<u>C'entral Farkux</u> 1. #, etc.	Suite, Apt. #, etc.			5	}	DO NOT WRIT	E IN THIS S	SPACE.	MJH	
Scity & Sta		City & State			4. FEI	Number	65-0676299		-	Applied For Not Applicable	
34994 USA Zip		Zip	Countr	у	5. Ce	rtificate o	f Status Desired		\$8.75 Fee Req	Additional	
	6. Name and Address of Curre	nt Registered Agent		N	7. Nai	me and A	Address of New Re	egistered A	gent	······································	
LAW OFFICE OF RUDOLPH M. DI LASCIO, JR.,PA 5798 JOHNSON STREET HOLLYWOOD FL 33021				Name						-	
				Street Addr	ess (P.O. Box	(P.O. Box Number is Not Acceptable)					
								· · · · · · · · · · · · · · · · · · ·			
ПОЕДТИ	TE GOVET		-	City	i			FL	Zip C	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. (NOT: Registered Agent signature required when reinstating) DATE											
9. Capital Contributions as Shown on record. \$450,000.00 In FLORIDA to display the state of the				utions 500	. 000.	ω	11. MAKE CHECK SEE REVERS				
A GENERAL PARTNER THAT IS A BUSINESS EN FITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on till e form; an amendment must be filed to change a general partner.											
12.	GENERAL PARTN	13.				ADDRESS CHA					
DOCUMENT # NAME	3000000E10			ADDRESS) SE	Cont	ral Pa	Kun	u ≠	·3/5	
STREET ADDRESS			CITY-S	T-ZIP	Huart		FL 349	all.	1		
DOCUMENT #	FALM OFFI TE 04000		STREET	ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	}					
STREET ADDRESS CITY-ST-ZIP			CITY-S	T-ZIP							
DOCUMENT # NAME			STREET	ADDRESS	·-···						
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			-30	100042 -05/14/	0101	121-	025	
DOCUMENT #			STREET	ADDRESS			****52	5. Ľ5	****	-25,25	
STREET ADDRESS CITY-ST-ZIP			CITY-S	T-ZIP						·	
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NAME STREET ADDRESS CITY-ST-ZIP			CITY-S1	T-ZiP							
DOCUMENT #	1		STREET	ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP			City-si	T- ZIP						· · · · · ·	

14. I hereby dertify 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 in 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:

SIGNATURE

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERA. PARTNER

Date

D