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	BUSINESS	NEFUNI	IUDN

DOCUMENT # A0000000028								
POSTER BROTHERS, LP	1	FILE	ED		TI I			
Principal Place of Business 752-PINE-GHASE-GT- WELLINSTON.FL.99414- 6852 PARISIAN WAY LAKE WORTH, FL 33467	Mailing Address 757-PINE-CHASE-CTP WELLINGTON-FL-53414 6852 PARISIAN LAKE WORTH, FL	~ ^1 \B			I: 08 ATE DRIDA			
Principal Place of Business A. Mailing Address			-		T I BANGNI NEN BANN BORNI GRANA BORNI BERNE BORNI BORNI BORNI BORNO KARA 1800 7071 1801			
Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State	City & State				4. FEI Number 13 - 4080254 Applied For Not Applicable			
Zip Countr	y Zip	Count	ry		5. Certificate of Status Desired			
6. Name and Add	ress of Current Registered Agent		Name		7. Name and Address of New Registered Agent			
POSTER, STEVEN	er en en group en	+ .	•	ddress (F	P.O. Box Number is Not Acceptable)			
767 PINE CHACE OF					.o. box Number is Not Acceptable)			
6852 PARISIAN WAY LAKE WORTH, FL 33467			City		FL Zip Code			
8. The above named entity submits	this statement for the purpose of changing	its registere	d office or	r registere	ed agent, or both, in the State of Florida.			
SIGNATURE								
Conital Contributions	10. Amount of Ca	apital Contrib		ure required	when reinstating) DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE			
A GENERA	L PARTNER THAT IS A BUSINESS I	ENTITY MI			SEE REVERSE SIDE FOR FEE INFORMATION ERED AND ACTIVE WITH THIS OFFICE.			
	NERAL PARTNER INFORMATION	13.	an ame	namen	t must be filed to change a general partner. ADDRESS CHANGES ONLY	_		
DOCUMENT # POSTER STEVEN		STREE	T ADDRESS		6852 PARISIAN WAY	₹		
STREET ADDRESS CITY-ST-ZIP POSTER, STEVEN 757-PINE-CHASE (WELLINGTON FL-	6852 PARISIAN WAY LAKE WORTH, FL 33467	CITY-	ST-ZIP	 	LAKE WORTH, FL 33467	CH2E003 (11/00)		
DOCUMENT #		STREE	T ADDRESS	 	6852 PARISIAN WAY	ž Š		
NAME STREET ADDRESS CITY-ST-ZIP POSTER, JAY 757-PINE-CHASE (WELLINGTON FL-	6852 PARISIAN WAY LAKE WORTH, FL 33467	слу-	ST-ZIP		LAKE WORTH, FL 33467			
DOCUMENT #		STREE	T ADDRESS			*		
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DOCUMENT #		STREE	T ADDRESS					
NAME STREET ADDRESS	, - -		ST-ZIP					
14. I hereby certify that the informati indicated on this report is true ar	on supplied with this filing does not qualiful accurate and that my signature shall have			ted in Sec ct as if ma	oction 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership or			
৫৯৮	ed bexacute this report as inquired by Chi	apter 620, F)))))) ア E D	lorida Stat	tutes	1/22/01 546920707			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Da								