		71111			,	_				
DOCUMENT # A000000321 1. Entity Name						SE ni v is	FILED CRETARY OF STA ION OF CORPORA	TE TIONS	6/3	
CANDY RAE LIMITED PARTNERSHIP						201	1AY 28 PM 3	: 28	41/	
Principal Plac 32521 WASHI PUNTA GORD	NGTON LOOP RD.	ailing Address 2521 Washington Loop RD. UNTA GORDA FL 33982			UZF	1A1 20 111 0	·	,		
2 Principal P	lace of Business	3	Mailing Address							
						0	45151	76.		
Suite, Apt. #, etc. Suite, Apt. #, etc.					*		DUE BY MAY	1, 2002)	
City & State			City & State			4. FEI Number	APPLIED FOR	1	Applied For Not Applicable	
Zip	Country	7	Zip Cour		itry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Cur	rent Regisi	ered Agent		Name	7. Name and Address of New Registered Agent				
EZZI-CINDA/R										
32521 WASHINGTON LOOP RD.					Street Address (Street Address (P.O. Box Number is Not Acceptable)				
Punta Gorda FL 33982										
					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										
9. Capital Contributions \$0.00 10. Amount of Capital C					butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
as Shown on record. in FLORIDA to date A GENERAL PARTNER THAT IS A BUSINESS ENTI					UST BE REGIST	ERED AND AC			EINFORMATION	
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.								r.		
12. GENERAL PARTNER INFORMATION DOCUMENT #				13.		ADDRESS CHANGES ONLY				
NAME	EZZI, CINDA R 32521 WASHINGTON LOOP RD PUNTA GORDA FL			STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	5000056916955				
DOCUMENT # NAME	EZZI, DOMINIC			STRE	ET ADDRESS	-06/05/0201012023 ****444.75 ****162.25				
STREET ADDRESS CITY-ST-ZIP	32521 WASHINGTON LOOP RD PUNTA GORDA FL			CITY	-ST-ZIP					
DOCUMENT / NAME				STRE	ET ADDRESS					
STREET ADORESS	=	<u> </u>		CITY	- ST-ZIP_					
DCCUMENT # NAME				STRE	ET ADDRESS			•		
STREET ADDRESS CTY-ST-ZIP				CITY	-ST-ZIP					
DOCUMENT # NAME			-	STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY	-\$T-ZIP					
DOCUMENT #				STRE	ET ADDRESS	,				
STREET ADDRESS CITY-ST-ZIP				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 his report as required by Chapter 620, Florida Statutes										

SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING GENERAL PARTNER

041802

9.41-6779872 Daytime Phone #