2001	I UNIFORM BUS	SINI	ESS REPO	RT	(UBR)					
DOCUMENT # A000000339 1. Entity Name						,	, 2Na			
STILLMAN FAMILY LIMITED PARTNERSHIP						FILEB				
Principal Place of Business 1090 PAPAYA STREET HOLLYWOOD FL 33019			Mailing Address 1090 PAPAYA STREET HOLLYWOOD FL 33019			O1 MAR 15 PH 12: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business 3. Mailing Address						1 10 10 1 1	811 08 114 88 141 08 111 89 111 88 111		41F88 +1148 1811 1887	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		7	City & State		<u>-</u>	4. FEI Number	76581		Applied For Not Applicable	
Zip Country		7	Zip Country		ntry		5. Certificate of Status Desired See Required Fee Required			
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
WOLFE, RICHARD C ESQ					Name Street Addres	ddress (P.O. Box Number is Not Acceptable)				
100 S.E. 2ND STREET, STE 2800 MIAMI FL 33131										
WIAWI FL	33131				City			FL Zip	Code	
SIGNATURE .	named entity submits this statement Signature, typed or printed name of registered age		applicable. (NOTI	E: Registere	ed Agent signature requ			DATE		
as Shown on record.			Amount of Capital Contributions in FLORIDA to date.			11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
	A GENERAL PARTNER NOTE: General Partners N									
12.	GENERAL PARTN			13.			ADDRESS CHANGE			
DOCUMENT # NAME	P00000018964 B&A INVESTMENTS, INC.			STR	EET ADDRESS	-1000038894613 -03/21/0101011009				
STREET ADDRESS CITY-ST-ZIP	DORESS 1090 PAPAYA STREET			CITY	r-ST-ZIP	*****525、25 *****525、25				
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STREET ADDRESS CITY-ST-ZIP				City	Y-ST-ZIP		_			
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DOCUMENT # NAME				STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			·	CITY	Y-ST-ZIP					
DOCUMENT #				STR	EET ADDRESS			1		

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

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

305-904-0037