1. Entity Nam	MENT # ne rae limited p		0000	455	'سنه	. \$		FIL'ED ETARY OF STATE OF CORPORATION	*	
Principal Place of Business Mailing Address 32521 WASHINGTON LOOP RD 32521 WASHINGTO PUNTA GORDA FL 33982 PUNTA GORDA FL				VASHINGTON LOC			UZ MAT	02 MAY 28 PM 3: 28		
2. Principal F	Place of Business		3. Mailing	g Address						
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				C	010691557 DUE BY MAY 1, 2002		
City & State			City & State			₹ - ;	4. FEI Number	4. FEI Number Applied For Applied For		
Zip	C	ountry	Zip		Cour	ntry	5. Certificate of	f Status Desired	\$8.75 Additional	
	6. Name and	Address of Current	Registered /	Agent	<u> </u>		7. Name and A	Address of New Regist	Fee Required tered Agent	
	DA-DAE					Name	<u>\</u>			
The same of the same of	DA:RAE	OOP RD	*			Street Addres	ss (P.O. Box Number	is Not Acceptable)		
32521 WASHINGTON LOOP RD PUNTA GORDA FL 33982										
						City			FL Zip Code	
8. The above	named entity sub	omits this statement for	r the purpose	e of changing its	register	ed office or regis	stered agent, or both,	, in the State of Florida.		
8. The above	•	omits this statement for			register	ed office or regis	stered agent, or both,		DATE	
SIGNATURE .	Signature, typed or prin		and title if applical	ible. Amount of Capit	al Contri		stered agent, or both,	11. MAKE CHECK PA	YABLE TO DEPT. OF STATE	
SIGNATURE .	Signature, typed or prinontributions on record.	nted name of registered agent a \$500.00 ERAL PARTNER T	and title if applical	Amount of Capit in FLORIDA to d	al Contril ate.	butions	ISTERED AND AC	11. MAKE CHECK PA' SEE REVERSE SII CTIVE WITH THIS OI	YABLE TO DEPT. OF STATE DE FOR FEE INFORMATION FFICE.	
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SIGNATURE:

04-18-02 9416879882 Date Daytime Phone #