1. Entity Name STRAUB INVESTMENTS, LTD.



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Principal Plac	e of Business ALM WAY	Mailing Address 440 ROYAL PALM WAY			SECRETAR TALLAHAS	SEE FLOR	(IBA	MJH	
SUITE 202		SUITE 202			ı			-86	
PALM BEACH	FL 33480	PALM BEACH FL 33480				II Calli Ba ni Ca ni	BBIR BBR BBR	3610 1 1001 1600 011 100	
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2, Principal P	Place of Business Palm Way	3. Mailing Address 450 Royal	Palm V	Jan	331			BB(0) \$111 18818 \$111 1881 	
Suite, Apt. #, etc. 401 Suite, Apt. #, etc. U			1	DUE BY MAY 1, 2003					
Palm Beach, A Palm Beach				FC		-1011175	<u> </u>	Applied For Not Applicable	
3344	30 Country	2ip 33480	Country		5. Certificate of Sta	tus Desired		3.75 Additional Required	
	6. Name and Address of Current I	Registered Agent			7. Name and Addr	ess of New Re	gistered Age	ent	
CODDODA	ATE COEATIONS ENTEDDOISES IN	· · Name	Name						
CORPORATE CREATIONS ENTERPRISES, INC.				Street Address (P.O. Box Number is Not Acceptable)					
941 FOURTH STREET #200									
MIAMI BE	ACH FL 33139								
			City				FL	Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office o	r register	ed agent, or both, in t	ne State of Flori	ida. I am fam	iliar with, and accept	
the obligat	tions of registered agent.								
SIGNATURE									
SIGNATURE .	Signature, typed or printed name of registered agent a					DATE			
9. Capital Co		10. Amount of Capital in FLORIDA to date			11			FL. DEPT. OF STATE EE INFORMATION	
				REGIST	ERED AND ACTIV			ar illi orimicitori	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.								er	
12.	GENERAL PARTNER	INFORMATION	13.			DDRESS CHAI	NGES ONLY		
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NAME	STRAUB CAPITAL CORP.	_	OTHER RODIESS	451	0 Kona	e ralu	1 Way	, suite 401	
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CITY-ST-ZIP	PALM BEACH FL 33480			YC.	elm Be	ach,	17	334RO	
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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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



3/21/03