2001 UNIFURM BUSINESS REPURT (UBK)					
DOCUMENT # A0000001496 1. Entity Name					FILED
R. L. W	alash	alas hi		SECRETARY OF STATE DIVISION OF CORPORATIONS	
•	ce of Business	Mailing Address 9600 WOODLAND HILLS WAY			01 OCT 16 PM 1:23
TALLAHASSE	E FL 32308	TALLAHASSEE FL 32308			
2. Principal I	Place of Business	3. Mailing Address			-
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DUE BY SEPTEMBER 26, 2001
City & Sta	te	City & State			4. FE! Number Applied For Not Applicable
Zip	Country	Zip	Zip Countr		5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name .	7. Name and Address of New Registered Agent
WILSON, RICHARD L JR. 9600 WOODLAND HILLS WAY				Street Address	(P.O. Box Number is Not Acceptable)
	SSEE FL 32308			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				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 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) -10/17/0104E01076008					
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. N学来单度写字有限LE NHX来自写写的图像 SEE REVERSE SIDE FOR FEE INFORMATION					
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.					
12. GENERAL PARTNER INFORMATION 13.					ADDRESS CHANGES ONLY
DOCUMENT # NAME	TALLAHASSEE FL 32308		STRE	EET ADDRESS	MC
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	0 44
DOCUMENT # NAME			STRE	ET ADDRESS	Penalty 500.00
STREET ADDRESS CITY-ST-ZIP	3		CITY	-ST-ZIP	Sup 88.75
DOCUMENT # NAME			_ STRE	ET ADDRESS	FF 69.30
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	1 4 8 75
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STREET ADDRESS CITY-ST-ZIP		w.	CITY	-ST-ZIP	
DOCUMENT #		•	STRE	ET ADDRESS DE	NCTATEMENT 200/
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP	INDIAILINIE COOT
DOCUMENT / NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				-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 this report as required by Chapter 620, Florida Statutes					

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED YME OF SIGNING GENERAL PARTNER

Date

Date

Description Proce #