2002 UNIFORM BUS	APPROVEL HAND			
DOCUMENT # A0000001740			FILED	
1. Entity Name			02 JUN -3 AMII: 41	
KWOCKITY DOCK LTD.			SECRETARY OF STATE	
Principal Disease (D.			TALLAHASS	SEE, FLORIDA
Principal Place of Business C/O EVA L. FURNER	Mailing Address C/O EVA L. FURNER			A STATE OF THE STA
4150 BONITA AVE. 4150 BONITA AVE.				
MIAMI FL 33133	MIAMI FL 33133			i d ian asis a 13 0 00 1 06 00 a nan asi n 1 06 0
Principal Place of Business 3. Mailing Address				
530 GREEN DOLPHIN DR Suite Apt. #, etc.		4, 10 R S.		t there are
Suite, Apt. #, etc. Suite, Apt. #, etc.			DUE BY MAY 1	, 2002
City & State PLACIDA City & State		R	4. FEI Number 65-1061344	Applied For
Zip = 3394 6 Country ()5A	Zip 339+6 Cc	ountry SA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
ELIDNED CHA I		Name EVA L FURNER		
FURNER, EVA L 4150 BONITA AVE.		Street Address (P.O. Box Number is Not Acceptable) \$\sigma \circ \text{PO CPH, } \tau \text{DR } \sqrt{S}.		
MIAMI FL 33133			15 alcen bock	W1.45 C. N.
City D A			2 0 01	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 Dra I Rum EVA L. FOREK Apr. 27, 2002 Signature, typed or printed name of registered agent and title if applicable.				
9. Capital Contributions as Shown on record. \$7,050.00	 Armount of Capital Cor in FLORIDA to date. 	Atributions #141.52	11. MAKE CHECK PAYA	ABLE TO DEPT. OF STATE E 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 3.			ADDRESS CHANGES ONLY	
NAME FURNER, EVA L		STREET ADDRESS 5	O GREEN DOLPHIA	De S
STREET ADDRESS CITY-ST-ZIP 4150 BONITA AVENUE MIAMI FL 33133			ICIDA, FL 335	
		STREET ADDRESS		
STREET ADDRESS OF THE PROPERTY		HTY-ST-ZIP		
CITY-ST-ZIP	July 18 M		89000572	
DOCUMENT # : NAME	9 120 02 s	TREET ADDRESS	-06/10/02- ****526_2	-01081025 5 <u>****</u> 526-25
STREET ADDRESS		ITY-ST-ZIP		3 ****5 <u>25.23</u>
CITY-ST-ZIP DOCUMENT				
NAME	s	TREET ADDRESS		ئون رايوسريني يا مسين.
STREET ADDRESS CITY-ST-ZIP	С	ITY-ST-ZIP		
DOCUMENT #	S	TREET ADDRESS		
NAME STREET ADDRESS				
CITY_ST_7IP	C	ITY-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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP DOCUMENT #

NAME & STREETADDRESS

CITY ST-ZIP

TATALAZUPAREOUIRETERA CFURNZA Apr 27 2002 941-828-0129