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0004	ILLIEADIA	BUILDINGS	DEDART	/IIDO
<b>2</b> UU1	UNIFURM	<b>BUSINESS</b>	KEPOKI	IUBKI
	<b>4111</b>			11

DOCUMENT # A0000001741									
MKR #1, LTD.			⊎ŕ	ક <sup>ા</sup>		FILED .			
Principal Place of Business Mailing Address				OI MAR 16 PM 4: 26					
5445 MARINER STREET. SUITE 107 TAMPA FL 33609		5445 MARINER STREET. SUITE 107 TAMPA FL 33609		-SECRE TALLA!	TARY OF STATE Kassee, F.: Orida	Ielai kali kali alah diah dia			
Principal Place of Business     3. Mailing Address		3. Mailing Address			-} } 1 (18)0// 10)/ 10// 10// 10// 10// 10// 10//				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI Number 59 - 3	677 <u>8</u> 93	Applied For Not Applicable			
Zip .	Country	Zip	Cour	ntry	5. Certificate of	Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current F	legistered Agent			7. Name and Address of New Registered Agent				
			•	Name					
	r Developers Inc. Riner Street, Suite 107			Street Address (	P.O. Box Number i	is Not Acceptable)			
TAMPA FL									
	•		_	City	City FL Zip Code				
8. The above named entity submits this statement for the porpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed originated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE  10. Amount of Capital Contributions as Shown on record.  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION									
نت ما د	A GENERAL PARTNER THE NOTE: General Partners MAN	HAT IS A BUSINESS ENT NOT be changed on th	TITY M e form	IUST BE REGIST ı; an amendmen	TERED AND AC It must be filed	TIVE WITH THIS OFFICE to change a general part	tner.		
12.	GENERAL PARTNER	INFORMATION	13.			ADDRESS CHANGES ON	LY		
DOCUMENT # NAMÉ	WILHERST DEVELOPERS INC.		STRE	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY	r-ST-ZIP	FF 441 16				
DOCUMENT # NAME		· .	STRE	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP.					
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STREET ADDRESS CITY-ST-ZIP	,		CITY	-ST-ZIP	Say Sayar (U	-03/19/0101	060004		
DOCUMENT # NAME		•	STRE	EET ADDRESS		***************************************	***************************************		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP 45464	701	00038184 -03/08/0101	1175 036010		
DOCUMENT #  NAME   STREET ADDRESS			STRE	EET ADDRESS	·	****141.25	****141.25		
CITY-ST-ZIP		<del></del> , <u>-</u> -	CITY	-ST-ZIP	<u> </u>	·			
DOCUMENT # NAME* STREET ADDRESS			STRE	EET ADDRESS					
CITY-ST-ZIP	pertify that the information supplied with t	his filing does not qualify for		-ST-ZIP	ction 119 07/31/i)	Florida Statutes Liturther co	rtify that the information		
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: SIGNATURE OF SIGNATURE									