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						AND		
DOCUMENT # A0000002028					FILEO			
NORRIE				R 26 PM 1:30				
	(Manufacture)				SECRI	ETARY OF STATE HASSEE, FLORIE	1.Λ	
Principal Place of Business 2181 34TH WAY NORTH LARGO FL 33771 LARGO FL 33771 Mailing Address 2181 34TH WAY NORTH LARGO FL 33771					TALLA	HASSEE, FLONIE) Pi	
2. Principal Pl	t Park	^						
Suite, Apt.		DUE BY MAY 1, 2002						
City & State Semi Nole, FL Semi Nole			FL	4. FEI Number 59-3691987 Applied For Not Applicable				
Zip. 3	33777 Country		Country // A		5. Certificate of Sta	atus Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
				-Name				
NORRIE, . 2181 34TI	Street Address (P.O. Box Number is Not Acceptable)							
LARGO FL 33771								
	City	ty 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 John & Noric 4/18/0 2 Signature, typed or printed name of registered agent and title if applicable.								
9. Capital Cor as Shown o	Contributions	ions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 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 #	AENT #					Δ	,	
NAME etheer appende	NORRIE, JOHN B	STREET ADDRESS	89	772 Bay	wood Par	$(K, D) \wedge \dots$		
STREET ADDRESS CITY-ST-ZIP	8972 BAYWOOD PARK DRIVE SEMINOLE FL 33777		CITY-ST-ZIP	Se	em inoi	le, FL.	3 <i>3777</i>	
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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								

4/18/02 727-392-6339 SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER