| ÚN | 2003 | LIMITE M BUSIN | D PARTNER | RSHI Rt (I | P UBR) | | | | 0001382 |
|--|---|----------------------------------|--|-----------------------------|--|---|-----------------------------------|--------------------------------------|------------|
| DOCUMENT # A0100000033 | | | | | | FILED | | | 2 AV |
| 1. Entity Name BAILACH FAMILY LIMITED PARTNERSHIP | | | | | | FILED 03 HAY -2 PH 6: 1 | 5 TE | | |
| Principal Plac 2665 S. BAYS SUITE 703 MIAMI FL 3313 | <u>,,</u> | SUITE 703 | ailing Address 65 S. BAYSHORE DRIVE INTE 703 AMI FL 33133 | | SECRETARY OF STA TALLAHASSEE FLOR | ida | HLM | 1 | |
| | | | | | | | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | DUE BY MAY 1, 2003 | | | |
| City & State | | | City & State | | 4. FEI Number 65-1067435 | | Applied For Not Applicab | ole | |
| Zip | Zip Country | | Zip | Country | | 5. Certificate of Status Desired | | B.75 Additional e Required | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent Name | | | | |
| WORLD CORPORATE SERVICES, IN.C 2665 SOUTH BAYSHORE DRIVE WESTON FL 33326 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | City | | FL | Zip Code | |
| | e named entity tions of regist | | t for the purpose of changing | its register | ed office or register | ed agent, or both, in the State of Flor | ida. I am fam | iliar with, and accep | xt |
| SIGNATURE | Signature, typed | or printed name of registered ag | ent and litle if applicable. | | | | DATE | · | |
| 9. Capital Co as Shown | ntributions | \$1,000.00 | 10. Amount of Ca in FLORIDA to | | butions | | | FL. DEPT. OF STATE EE INFORMATION | |
| | | | | | | TERED AND ACTIVE WITH THIS t must be filed to change a ge | | эт. | 7 |
| 12. | P0100000 | | | 13. | - <u> </u> | ADDRESS CHA | NGES ONLY | | |
| DOCUMENT # NAME STREET ADDRESS | NEWGONE, INC. 2665 S. BAYSHORE DRIVE | | | STRE | ET ADDRESS | | | | 3 (10/02) |
| CITY-ST-ZIP | MIAMI FL | | | City. | | | | | CR2E003 |
| DOCUMENT # NAME | | | | STRE | ET ADDRESS | | | <u></u> | - B |
| STREET ADDRESS CITY-ST-ZIP | | | | | | | | <u></u> | |
| document # Name | | | | STRE | ET ADDRESS | | 5012 | **1850.00 | - H - H |
| STREET ADDRESS CITY-ST-ZIP | SS | | | | Y-ST-ZIP | | | | |
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| STREET ADDRESS City-St-Zip | | | | CITY | -ST-ZIP | · · · · · · · · · · · · · · · · · · · | | - T | |
| DOCUMENT # | | | | STRE | ET ADDRESS | | | | |
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| DOCUMENT # NAME | " | | | STRE | ET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | ч. | CITY | -ST-ZIP | | | | |
| indicated the receiv | on this report er or trustee (| empowered to execute | nd that my signature shall have the shall have the second se | ve the same apter 620, F | electal effect as if m | ction 119.07(3)(i), Florida Statutes. I lade under oath; that I am a General 03 | iurther certify Partner of the | limited partnership | or |
| SIGNAT | UHE: | | OR PRINTED NAME OF SIGNING GEN | | | Date | Daytim | e Phone # | |