2002	UNIFOR			*	RT (L	JBR)			
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SIAPLE UNEUN HEKE

	· UITII	TORIN BUS	INESS DEF	yn i	(ODN)	_			
DOCUMENT # A01000000168 1. Entity Name									
ADELA W, LTD.						FILED			
Principal Place of Business Mailing Address 566 SYLVAN DRIVE 566 SYLVAN DRIVE WINTER PARK FL 32789 WINTER PARK FL 32789			<u> </u>		2002 FEB 25 PM 3: 31				
***************************************		·			والهيها ويموا ويا الأم	DIVISION OF CORPORATIONS			
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2002					
City & State		City & State			4. FEI Number 59-3695730 Applied For Not Applicable				
Zip		Country	Zip	Country		5. Certificate of Status Desired			
	6. Name	and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent			
ROBINSO	N, RICHAR	D M			Street Address (P.O. Box Number is Not Acceptable)				
		, SUITE 1400			- Olivot Address	o (1. C. Box Marrison is Not Acceptable)			
ORLANDO FL 32802				City	Zip Code				
8. The above	named entity	submits this statement fo	r the purpose of changing in	ts register	ed office or regist	tered agent, or both, in the State of Florida.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE									
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION									
	A G		HAT IS A BUSINESS E	NTITY N		STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.			
12.		GENERAL PARTNER		13.		ADDRESS CHANGES ONLY			
DOCUMENT / P01000011972 NAME JDGW, INC.			STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	566 SYLV WINTER P	AN DRIVE ARK FL 32789		CITY	/-ST-ZIP				
DOCUMENT # NAME				STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY	Y-ST-ZIP				
DOCUMENT / NAME				STR	EET ADDRESS	7000050276974			
STREET ADDRESS CITY-ST-ZIP				CITY	(-ST-ZIP	7000050276974 -03/01/0201013018 *****\$26.25 *****\$26.25			
DOCUMENT # NAME				STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP				
DOCUMENT #				STRI	EET ADDRESS				
STREET ADORESS				CATY	ST_ZIP				
DOCUMENT'A.		<u> </u>	<u> </u>	STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP				
14. Thereby 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 TOGEN TAKINER - Joyce M-WALKER									
SIGNATURE: January M. Walking PRES DENT 2/23/02 407-644-23 4									