LESS REPORT (UBR)

1. Entity Name ADI DOUD DO 330 BRIAN V. CROSS FAMILY PARTNERSHIP, LTD.							
STANK V. ONOGO FAMILE FARMERSHIP, LID.						FILED	
Principal Plac	ce of Busines	ss	Mailing Address	failing Address		2002 JAN 25 PH 1: 48	
251 NEW GA HEATHROW I	NTE LOOP FL 32746-4127	7	251 NEW GATE LOOP HEATHROW FL 32746-4127			DIVILION OF CORPORATIONS	
2. Principal F	Place of Busin	ness	3. Mailing Address	Mailing Address			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002	
City & State			City & State			4. FEI Number Applied For 59-3708149 Not Applicable	
Zip		Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
-	6. Name	and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent	
CROSS, E	BRIAN V						
251 NEW GATE LOOP HEATHROW FL 32746-4127					Street Address (P.O. Box Number is Not Acceptable)		
The William TE GET TO TIEF					City	FL Zip Code	
8. The above	named entity	y submits this statement fo	or the purpose of changing i	its register	ed office or register	red agent, or both, in the State of Florida.	
SIGNATURE							
9. Capital Cor		or printed name of registered agent	t and title if applicable. 10. Amount of Cap	aital Cantri	L. Jan	DATE	
as Shown o	on record.	\$1,482,883.88 SENERAL PARTNER 1	in FLORIDA to	date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION FERED AND ACTIVE WITH THIS OFFICE.	
	NOTE:	General Partners MA	AY NOT be changed on	the form	n; an amendmen	it must be filed to change a general partner.	
12. DOCUMENT #	GENERAL PARTNER INFORMATION P0000086649				13. ADDRESS CHANGES ONLY		
NAME . STREET ADDRESS	A.I.J. & B.		STI		EET ADDRESS		
CITY-ST-ZIP		W FL 32746-4127		CITY	'-ST-ZiP	6000 <u>048</u> 50 <u>536</u> 0_	
NAME STREET ADDRESS				STRE	EET ADDRESS	-01/31/0201044004 ****526.25 ****526.25	
CITY-ST-ZIP				CITY	-ST-ZIP	* 32.54	
DOCUMENT / NAME	ı			STRE	EET ADDRESS		
STREET ADDRESS City-St-Zip		<u> </u>		CITY	-ST-ZIP		
DOCUMENT# NAME				STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZiP		
DOCUMENT #				STRE	ET ADDRESS	5L	
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		
OOCUMENT # NAME			•	STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			,	CITY	-ST-ZIP		
illulcated (on ans report	i is true and accurate and	n this filing does not qualify fo that my signature shall have is report as required by Chap	e the same	a legal ettect as it ma	otion 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership or	

SIGNATURE:

STOCKER RESIDENCE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-23-02

Date

CR2E003 (9/01)