DOCUMENT # A0100000513 1. Entity Name SAOUD PROPERTIES LLLP						SECRETARY OF STATE DIVISION OF CORPORATIONS 26			
Principal Plac 8843-1 SAN J JACKSONVILL	OSE BLVD.	Mailing Address 8843-1 SAN JOSE BLVD. JACKSONVILLE FL 32217			02 FEB 26 PM 3: 44				
2. Principal Place of Business 8823 San Jose Blvd. 3. Mailing Address 8823 San			ose Blvd.						
Suite, Apt. Suite		Suite, Apt. #, etc. Suite 310			DUE BY MAY 1, 2002				
	onville, Florida	City & State Jacksonville, Florida				4. FEI Number Applied For 59-3712230 Not Applicable			
Zip Country Zip 32217 USA 32217			Country USA			5. Certificate of Status Desired			
	6. Name and Address of Current F	Registered Agent		Name	 -	7. Name and A	ddress of New R	egistered Ag	ent
INTRASTATE REGISTERED AGENT CORPORATION 701:BRICKELL AVE., SUITE 3000				Street A	Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33131				-				-	
•		City	City 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 Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date. 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 # NAME STREET ADDRESS	SAOUD, EDMOND R 8843-1 SAN JOSE BLVD.			eet address	8823	San Jose Blvd. Suite 310			
CITY-ST-ZIP	JACKSONVILLE FL 32217			'-ST-ZIP	Jack	csonville, Florida 32217			
DOCUMENT # NAME STREET ADDRESS	SAOUD, HIKMAT H 8843-1 SAN JOSE BLVD.			EET ADDRESS	8823 San Jose Blvd. Suite 310				
CITY-ST-ZIP	JACKSONVILLE FL 32217		CITY	'-ST-ZIP	Jack	sonville,	Florida	32217	
DOCUMENT # NAME STREET ADDRESS	<u>.</u>			EET ADDRESS		50	00050 -027287)27 <u>1</u>	050 - 159027
CITY-ST-ZIP			╂	-ST-ZIP		<u> </u>	****14	02010 1.25_*	***141.25
NAME STREET ADDRESS				ET ADDRESS -st-zip					
CINC ST-ZIP DOCUMENT				EET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			······································		
DOCUMENT #			STRI	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	<u></u>		1	-ST-ZIP					
14. I hereby of indicated the receiv	ertify that the information supplied with on this report is true and accurate and t er or trustee empowered to execute this	ins filing does not qualify for but my signature shall have t report as required by Chapt	the exe he same er 620,	mption stat e legal effe Florida Stat	ed in Sec ct as if ma tutes	ction 119.07(3)(i), ade under oath; th	Florida Statutes. I nat I am a Genera	further certify Partner of th	that the information e limited partnership or

SIGNATURE:

STAPLE CHECK HERE