2002 UNIFORM RUSINESS DEDA

DOCUMENT # A0100001034 1. Entity Name					FILED
ALNICA FAMILY LIMITED PARTNERSHIP NO. 1 Principal Place of Business Mailing Address				02 HAY -1 PM 5: 53	
				SECRETARY OF STATE	
				·	TALLAHASSEE, FLÖRIDA
1492 S. MIAMI AVENUE 1492 S. MIAMI AVENUE MIAMI FL 33130 MIAMI FL 33130			E		
Principal Place of Business 3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State			DUE BY MAY 1, 2002
					4. FEI Number Applied For Not Applicate
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent
TANEN, JEFFREY S ESQUIRE				Name	
GOLDSTEIN, TANEN & TRENCH, P.A.				Street Address (P.O. Box Number is Not Acceptable)	
2 SOUTH BISCAYNE BOULEVARD, SUITE 3250 MIAMI FL 33131					
				City FL Zip Code	
8. The above	named entity submits this statement for	r the purpose of changing its	s registered	d office or registe	ered agent, or both, in the State of Florida.
SIGNATURE .	Signature, typed or printed name of registered agent a	and the team II.			
9. Capital Co	ntributions en on	10. Amount of Capit		utions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE
as Shown o	A GENERAL PARTNER T	in FLORIDA to d	NTITY MII	ST DE DECIG	SEE REVERSE SIDE FOR FEE INFORMATION
12.	NOTE: General Partners MA GENERAL PARTNER	T NOT be changed on t	tne form;	an amendme	nt must be filed to change a general partner.
DOCUMENT #	P01000071776		13.	T	ADDRESS CHANGES ONLY
NAME Street address City-St-Zip	ALNICA REAL ESTATE VENTURE 1492 S. MIAMI AVENUE MIAMI FL 33130	S, INC.	CITY-S	ADDRESS T-ZIP	
DOCUMENT #		 			2000055031627
NAME STREET ADDRESS			STREET	ADDRESS	-05/10/0201062018
CITY-ST-ZIP -		ere serve lue	CITY-S1	T-ZIP	****141.25 *****141.25
DOCUMENT # NAME STREET ADDRESS			STREET	ADDRESS	
CITY-ST-ZIP			CITY-ST	T-ZIP	
DOCUMENT # NAME STREET ADDRESS			STREET	ADDRESS	
CITY-ST-ZIP ·			CITY-ST	-ZIP	
OCUMENT # 1			STREET A	ADDRESS	
TREET ADDRESS			CITY-ST	- ZIP	
OCUMENT #			STREET A	ADDRESS	
TREET ADDRESS			CITY-ST-		
4. Thereby ce indicated of the received	ALMCA REM			tion stated in Se gal effect as if m ida Statutes	ction 119.07(3)(i), Florida Statutes. I further certify that the information lade under oath; that I am a General Partner of the limited partnership or $y-2y-02$ (705) 359-2626