2003 LIMITED PARTNERSHIP

SIGNATURE:

1. Entity N	UMENT Jame DL R. OWEN FA	AMILY LTD. PARTI	00001347 NERSHIP LLLP	pf 4			FILE	_		
Principal P	lace of Business		Mailing Address	-		_			-	
519 PALM DRIVE HALLANDALE FL 33009			519 PALM DRIVE HALLANDALE FL 33009			ł	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
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2. Principa	Place of Busine	ss	3. Mailing Addres	s						
Suite, A	ot. #, etc.		Suite, Apt. #, etc.							
Oin 8 0							DUE BY MAY 1, 2003			
City & Si	City & State		City & State			4. FEI Numbe	4. FEI Number 22-3850031 Applied Fo			
Zip		Country	Zip	Cou	Intry			<u> </u>	Not Applica	
	G No-					5. Certificate	of Status Desired		8.75 Additional ee Required	
			ent Registered Agent		I	7. Name and	Address of New Re	gistered Ag	gent	
DADE C	DADE COUNTY CORPORATE AGENTS, INC.				Name	AR Di	IR Quen			
20801 BISCAYNE BLVD., SUITE 505					Street Address	s (P.O. Box Numbe				
AVENTU	RA FL 33180			,	-100	<u> </u>				
					5/9/0	elm Dr	<u></u>			
0 Th. (City \mathcal{U}_{m} 0/	000 100000	0_	FL	Zip Code	
o. The abov	e named entity si				1 // (VXX				D500/	
the obliga	itions of registere	ubmits this statemen d age p t. 📝 🔝	t for the purpose of chang	ing its register	ed office or regist	ered agent, or both	, in the State of Flori	da. I am far	niliar with, and accer	
the obliga	Loan	w R. W	it for the purpose of chang	ing its register	4 🔿	ered agent, or both	n, in the State of Flori	da. I am far	niliar with, and accep	
SIGNATURE 9. Capital Co	Signature, typed or proportributions	inted name of registered ag	ent and title if applicable.	Capital Cantril	el Pora	toper		DATE		
SIGNATURE 9. Capital Co	Signature, hyped or proportributions on record.	inted name of registered ag \$2,300,000.00	ent and title if applicable. 10. Amount of in FLORID	Capital Contril	butions	toper	11. MAKE CHECK	DATE PAYABLE TO	FI. DEPT OF STATE	
SIGNATURE 9. Capital Co	Signature, typed or proportributions on record.	inted name of registered ag \$2,300,000.00	ent and title if applicable. 10. Amount of in FLORID	Capital Contril A to date 72	el Para Joo, o	toper	11. MAKE CHECK SEE REVERSE	DATE PAYABLE TO SIDE FOR F	FL. DEPT. OF STATE	
9. Capital Coas Shown	Signature, typed or proportributions on record.	\$2,300,000.00 NERAL PARTNEI eneral Partners I	ent and title if applicable.	Capital Contril A to date 72	el Para Joo, o	toper	11. MAKE CHECK SEE REVERSE CTIVE WITH THIS to change a gen	PAYABLE TO SIDE FOR F OFFICE, eral partne	FL. DEPT. OF STATE	
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9. Capital Coas Shown 12.	Signature, typed or prontributions on record. A GEI NOTE: G OWEN, CARC 519 PALM DR	\$2,300,000.00 NERAL PARTNEI BENERAL PARTN GENERAL PARTN JUNE JUNE	ent and title if applicable. 10. Amount of in FLORID R THAT IS A BUSINES MAY NOT be changed	Capital Contril A to date 2 S ENTITY M on the form 13.	butions , 300, 6 UST BE REGIS ; an amendme	toper	11. MAKE CHECK SEE REVERSE CTIVE WITH THIS to change a gen	PAYABLE TO SIDE FOR F OFFICE, eral partne	FL. DEPT. OF STATE	
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