LIMITED PARTNERSHIP

	NIFORM BUSINE		(UBR)	
DOCUMENT # A 0 1 00000 1396  1. Entity Name  NOTEY FAMILY LIMITED  DARTNERSHIP, LTD				FILED  02 APR 25 PM 3: 06 LF
DO NOT WRITE IN THIS SPACE				SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business 1205 S. W. 1102 TERRACE SAME 45			世ス	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1
	City & State City & State			FEI Number Applied For Not Applicable
333 <i>ス</i>	Country BROWARD	Zip 	Country	5. Certificate of Status Desired See Required Fee Required
_			Name	7. Name and Address of Current Registered Agent
DO NOT WRITE IN THIS SPACE			Streel	Address (P.O. Box Number is Not Associable) FRRACE
			City	DANIO FL Zio Code 28
8. The above	e named entity submits this statement for	the purpose of changing its re		e or registered agent, or both, in the State of Florida.
SIGNATURE .				
Signature, typed or printed name of registered agent and title if applicable.				
as Shown	on record. \$ 876, 620.00		e \$ 210,	SEE REVERSE SIDE FOR FEE INFORMATION
	NOTE: General Partners MA	NOT be changed on the	form; an am	REGISTERED AND ACTIVE WITH THIS OFFICE. mendment must be filed to change a general partner.
12. DOCUMENT # NAME STREET ADDRESS	GENERAL PARTNER PO 1000 100 2 47 NOTEY MANACH 1205 S. W. 1104	•	STREET ADDRESS	300054811036 -05/07/0201048029 ****526.25 ****526.25
CITY-ST-ZIP	PAYIE, FL	33378	CITY-ST-ZIP	
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14. I hereby 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

SIGNATURE:

APRIL 24, 2002