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2. Principal Place of Business 21160 S.W. 112th Avenue 3. Mailing Address C/o Lamont Two S. Bisc			Neiman, P. ne Bouleva			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 3550		DO NOT WRITE IN THIS SPACE		
Unit 108 City & State City & State			4. FEI Number FO 1000007 Applied For			
Miami,	Florida	Miami, Florida	<u> </u>	4. FEI Number 59-1386607 Not Applicable		
Zip 33189	Country Miami-Dade	Zip 33131	Country Miami-Dad	5. Certificate of Status Desired		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
RICE, BUD H			Name	Lamont & Neiman, P.A.		
17300 NW 87TH AVENUE			Street A	Street Address (P.O. Box Number is Not Acceptable) One_Biscayne_Tower, #3550.		
HIALEAH	FL 33015			<u>-</u>		
			City	Two South Biscayne Boulevard FL Zip Code 33131		
P. The should	named antity submits this statement for	or the nursage of changing its r	registered office o	or registered agent, or both, in the State of Florida.		
o. The above	Dalist S. Lam	4		President 1/20/2000		
SIGNATURE	Signature, typed or printed name of registered agent			nature required when reinstatung) DATE		
9. Capital Contributions as Shown on record. 10. Amount of Capital Corin FLORIDA to date.				11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
-	A GENERAL PARTNER 1 NOTE: General Partners MA	THAT IS A BUSINESS ENT AY NOT be changed on the	FITY MUST BE e form; an ame	E REGISTERED AND ACTIVE WITH THIS OFFICE. nendment must be filed to change a general partner.		
12.	GENERAL PARTNE	r information	13.	ADDRESS CHANGES ONLY		
DOCUMENT# NAME	RICE, BUD H TRUSTEE 17300 NW 87TH AVENUE DELETE		STREET ADDRESS	FF \$ 263.75		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	Ous 3.73		
DOCUMENT#	BUD RICE REVOCABLE T	TRUST	STREET ADDRESS	One Biscayne Tower, #3550 Two South Biscayne Boulevard		
STREET ADDRESS CITY - ST - ZIP	U/T/A DATED JULY 19, 1995 ROBERT S. LAMONT, SUCCESSOR TRUSTEE		CITY-ST-ZIP	Miami, Florida 33131		
DOCUMENT#			STREET ADDRESS	<u> </u>		
STREET ADDRESS CITY - ST - ZIP			CITY - ST - ZIP	800003113408-5 -01/27/0001103002 *****272.50 *****272.50		
DOCUMENT# NAME		-	STREET ADDRESS			
STREET ADDRESS CITY - ST - ZIP			CITY-ST-ZIP			
DOCUMENT# NAME			STREET ADDRESS	SS		
STREET ADDRESS	• •		CITY-ST-ZIP			

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

STREET ADDRESS

CITY-ST-ZEP

CITY-ST-ZIP DOCUMENT#

STREET ADDRESS

CITY: 57-ZIP

<u>530-9400</u>

Bud Rice Revocable Trust