

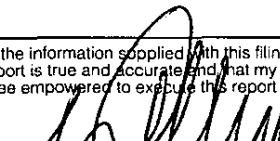


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # A02000000397				SECRETARY OF STATE 04 APR 15 PM 3:48	
1. Entity Name SARALL, LTD.					
Principal Place of Business 1703 DAYSHORE ROAD NOKOMIS, FL 34275		Mailing Address P.O. BOX 1786 NOKOMIS, FL 34274			
2. Principal Place of Business 621 CASEY KEY ROAD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State NOKOMIS, FL		City & State		4. FEI Number 02-0569550	
Zip 34275		Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACRAE, SUSAN K 1703 DAYSHORE ROAD NOKOMIS, FL 34275				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,800,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	P98000010465		STREET ADDRESS		
NAME	CASEY KEY CUSTOMER HOMES, INC.		CITY-ST-ZIP		
STREET ADDRESS	1703 DAYSHORE ROAD 621 CASEY KEY RD		600035796736 05/10/04--01030--013 **526.25		
CITY-ST-ZIP	NOKOMIS, FL 34275				
DOCUMENT #					
NAME					
STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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					
SIGNATURE: 		DAVID N. MACLACH		2-25-04 1-941-412-3000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	