

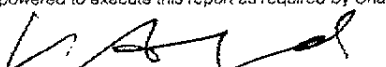


FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000000407						Secretary of State	
1. Entity Name BWD PARTNERS, LLLP							
Principal Place of Business 2300 GLADES ROAD SUITE 100E BOCA RATON, FL 33431		Mailing Address 2300 GLADES ROAD SUITE 100E BOCA RATON, FL 33431					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt #, etc.		Suite, Apt #, etc.		02172004 Chg-LP CR2E003 (10/03)			
City & State		City & State		4. FDI Number 02-0570428		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BWD EQUITY CORP. 2300 GLADES ROAD SUITE 100E BOCA RATON, FL 33431				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 filer if applicable</small>							
9. Capital Contributions as Shown on record. \$7,500.00				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 #	L02000029277			STREET ADDRESS	11000000111296 04/13/04-80011-015 141.25		
NAME	BWD EQUITY, LLC						
STREET ADDRESS	2300 GLADES ROAD			CITY- ST- ZIP			
CITY- ST- ZIP	BOCA RATON, FL 33431						
DOCUMENT #				STREET ADDRESS			
NAME							
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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: 				William R. Greenfield 3/15/04 561-392-6662			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #			