

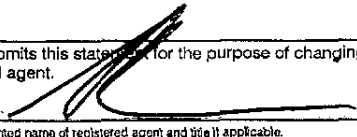



**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000972</b>						<b>Secretary of State</b>					
1. Entity Name <b>ROSSI FAMILY LIMITED PARTNERSHIP</b>											
Principal Place of Business <b>P.O. BOX 1527 KEY WEST, FL 33041</b>				Mailing Address <b>P.O. BOX 1527 KEY WEST, FL 33041</b>							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04222005 Chg-LP CR2E003 (10/03)			
City & State				City & State				4. FEI Number <b>32-0022148</b>			
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						7. Name and Address of New Registered Agent					
<b>GUTTENMACHER, EDWARD P 2600 DOUGLAS RD., PENTHOUSE 8 CORAL GABLES, FL 33134</b>						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City <b>FL</b> 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 <b>4/19/05</b>											
9. Capital Contributions as Shown on record. <b>\$900,000.00</b>											
10. Amount of Capital Contributions in FLORIDA to date. <b>900,000.00</b>											
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>											
12. GENERAL PARTNER INFORMATION						13. ADDRESS CHANGES ONLY					
DOCUMENT #		<b>P94000085085</b>				STREET ADDRESS		<b>U000000362108</b>			
NAME		<b>M &amp; M ENTERPRISES OF THE FLORIDA KEYS, INC</b>				CITY-ST-ZIP		<b>05/05/05-80102-006 526.25</b>			
STREET ADDRESS		<b>P.O. BOX 1527</b>									
CITY-ST-ZIP		<b>KEY WEST, FL 33041</b>									
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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)(f), 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:  DATE <b>4/19/05</b>											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER											