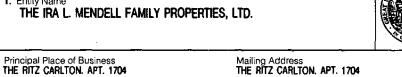
1111 RITZ CARLTON DRIVE

CADACOTA EL DADOS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF



1111 RITZ CARLTON DRIVE

SADACOTA EL 24220

03 HAY -5 PH 5: 06 SECRETARY OF STATE TALLAHASSEE FLORIDA

Daytime Phone #

Shinooth FE 34230			OARAGOTA 11 34200	ORRAGOTA I E 04200						
2. Principal Place of Business			3. Mailing Address			<u> </u>	 			
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
City & State			City & State			4. FEI Number 75–3106472 Applied For Not Applicable				
Zip		Country	Zip	Zip Coun		5. Certificate of	of Status Desired		8.75 Additional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
MENDELL, IRA L					Name					
THE RITZ	CARLTON,	APT. 1704		Street Addres			ss (P.O. Box Number is Not Acceptable)			
1111 RITZ	CARLTON	DRIVE		105/70			0301024	006 ¥3	526.25	
SARASOTA FL 34236					City			FL	Zip Code	
the obligat	ions of registe	ered agent.	t for the purpose of changing	g its registere	d office or regis	stered agent, or both	i, in the State of Florid	da. I am fan	niliar with, and accept	
Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital					outione		11 SEAVE CHECK	DATE DAVABLE TO	FL. DEPT. OF STATE	
as Shown		\$600,000	00 / in FLORIDA		odions -				EE INFORMATION	
			R THAT IS A BUSINESS MAY NOT be changed o						er.	
12.		GENERAL PARTI	NER INFORMATION	13.			ADDRESS CHAN	IGES ONLY		
DOCUMENT # NAME		IRA L TRUSTEE CARLTON APT. 170		STRE	ET ADDRESS		· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS CITY-ST-ZIP		VARCION APT. 170		CITY-	-ST-ZIP	<u>. </u>				
DOCUMENT# NAME				STRE	ET ADDRESS	<u> </u>		_		
STREET ADDRESS CITY-ST-ZIP				CITY-	·ST-ZIP					
DOCUMENT # NAME		` -		STREE	ET ADORESS		***			
STREET ADDRESS CITY-ST-ZIP				CITY-	·ST-ZIP		ı	<u> </u>		
DOCUMENT # NAME				STREE	ET ADDRESS			·		
STREET ADDRESS CITY-ST-ZIP				CiTY-	ST-ZIP	,,		<u>-</u>		
DOCUMENT # NAME				STREE	ET ADDRESS .		4			
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP					
DOCUMENT # NAME				STREE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				СІТҮ-	ST-ZIP		1			
indicated	on this report	is true and accurate a	vith this filing does not qualify nd that my signature shall ha this report as required by Cl	ave the same	legal effect as	Section 119.07(3)(i), if made under oath; t	, Florida Statutes. I fu that I am a General,P	rther certify artner of the	that the information e limited partnership or	