DOCU	MENT # A0203			ŪBR)		11	ED		
1. Entity Name HECHT ENTERPRISES, LTD.						03 FEB -7 AM 11: 13			
-						SECRETAR FALL-AHAS	YOFSIA	FE TRIA	
Principal Place of Business Mailing Address 401 NW 38TH CT. 401 NW 38TH CT.					 	FATE-AHAS:	SEE. FROM	1044	
MIAMI FL 331	26	MIAMI FL 33126	MIAMI FL 33126						
2. Principal Place of Business 3. Mailing Address				·					
Suite, Apt. #, etc. Suite. Ap						e hel e e			
City & State		City & State		4 CELNumber	DUE BY MAY 1, 2003   4. FEI Number 59-1401836 Applied For				
·						59-1401836	Applied For Not Applicable		
	Country	Zip	Cour			f Status Desired	Fee R	5 Additional Required	
6. Name and Address of Current Registered Agent HAVENICK, FRED				Name	7. Name and A	ddress of New Rec	jistered Agent		
401 N.W. 38TH CT.				Street Addres	s (P.O. Box Number	is Not Acceptable)			
MIAMI FL 33126				••· •					
				City		. <u></u> .	FL	p Code	
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing	g its register	ed office or regis	tered agent, or both,	in the State of Floric	ta. I am familia	r with, and accept	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable	<u></u>				DATE		
9. Capital Co as Shown	ntributions \$1,870,000,00	10. Amount of C in FLORIDA		butions		11. MAKE CHECK			
	A GENERAL PARTNER	THAT IS A BUSINESS	ENTITY M	IUST BE REGI	STERED AND AC	TIVE WITH THIS	OFFICE	AFORMATION	
12.	NOTE: General Partners MAY NOT be changed on the GENERAL PARTNER INFORMATION 345274			13. ADDRESS CHANGES ONLY					
DOCUMENT # NAME	SOUTHWEST FLORIDA ENTERI	PRISES, INC.	STRE	EET ADDRESS					
STREET ADDRESS CITY - ST - ZIP	401 NW 38TH COURT MIAMI FL 33126		CITY-ST						
DOCUMENT # NAME			STRE	ET ADDRESS					
STREET ADDRESS CITY - ST - ZIP			CITY	-ST-ZIP			<u> </u>		
DOCUMENT #		and a second	STRE	ET ADDRESS		·····			
NAME Street address				-ST-ZIP			<u> حسن منعن ومستع</u>		
CITY-ST-ZIP DOCUMENT #						01191 3-01016-0	1884 08 **52	6.25	
NAME STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		<u> </u>	CITY-	-ST-ZIP	- 14				
DOCUMENT #	· .		STREE	ET ADDRESS					
STREET ADDRESS CITY - ST - ZIP			CITY-	-ST-ZIP					
Document / Iame			STREE	ET ADDRESS					
TREET ADORESS ITY-ST-ZIP			CITY-	ST-ZIP	·····				
I4. I hereby co indicated of the receive	ertify that the information supplied wit on this report is true and accurate and ar or trustee empowered to execute th	h this filing does not qualify d that my signature shall ha his report as required by Ch	for the exernive the same hapter 620, F	nption stated in S legal effect as if lorida Statutes	ection 119.07(3)(i), I made under oath; th	Florida Statutes. I fur at I am a General Pa	ther certify that artner of the limi	the information ted partnership or	
the receive		· · · // ·	•					I	