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04 JUL 26 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000117				FILED 04 JUL 26 11:11:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name NELMARTA ASSOCIATES, LTD.		Principal Place of Business 2609 WOOLBRIGHT RD., STE. 5 BOYNTON BEACH, FL 33436		Mailing Address 2609 WOOLBRIGHT RD., STE. 5 BOYNTON BEACH, FL 33436	
2. Principal Place of Business		3. Mailing Address		Barcode	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07122004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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				7. Name and Address of New Registered Agent	
LOPEZ, NELSON 2609 WOOLBRIGHT RD., STE. 5 BOYNTON BEACH, FL 33436				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. \$1,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	LOPEZ, NELSON 2609 WOOLBRIGHT RD., STE. 5 BOYNTON BEACH, FL 33436			STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
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NAME				CITY-ST-ZIP	
STREET ADDRESS					
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: <i>N. Lopez</i> (NELSON LOPEZ; General Partner)				7/19/04	