1. Entity Name					FILED	
TANBROCO, LTD.					02 JAN 14 AM 10: 29	
Principal Place of Business 113 GULFSTREAM ROAD NORTH PALM BEACH FL 33408		Mailing Address  113 GULFSTREAM ROAD  NORTH PALM BEACH FL 33408		- ,	SECRETARY OF STATE TALLAHASSEE. FLORIDA	
		T	,			
2. Principal Place of Business		3. Mailing Address			, 12101 (1) 1010 (1) 1010 (1)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002	
City & State		City & State			4. FEI Number	
Zip	Country	Zip Coun		itry	5. Certificate of Status Desired See Required Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
TANEN, NATHAN 861 LAKESIDE DR. NORTH PALM BEACH, FL FL 33408				Name  Street Address (P.O. Box Number is Not Acceptable)		
				City FL Zip Code		
8. The above	named entity submits this statement for	or the purpose of char	nging its register	ed office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.		<u>.                                    </u>	DATE	
9. Capital Contributions as Shown on record. \$1,000.00 In FLORIDA to date				butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
as snown c	A GENERAL PARTNER	THAT IS A BUSINE	ESS ENTITY M	IUST BE REGI	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION			13.	i, all alliellulli	ADDRESS CHANGES ONLY	
DOCUMENT #	TANEN, MELVIN 113 GULFSTREAM RD. NORTH PALM BEACH FL		STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	/-ST-ZIP	DOMESS	
DOCUMENT / NAME	TANEN, NATHAN 88 861 LAKESIDE DR. NORTH PALM BEACH FL		STRI	EET ADDRESS		
STREET ADDRESS City-St-Zip			CiTY	r-ST-ZIP		
DOCUMENT # NAME			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP		
DOCUMENT # NAME			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	(-ST-ZIP		
DOCUMENT # NAME			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	/-ST-ZIP		
DOCUMENT #			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP		
indicated	certify that the information supplied wit on this report is true and accurate and yer or trustee empowered to execute the	d that my cionature ch	all have the eam	e legal effect as	Section 119.07(3)(i), Fiorida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership or	

1/10/02 Date

561-627-8061

Daytime Phone #