2000	UNIFURM BUSI	NE33 KEPU	n i	(DDN)					K
1. Entity Nam	MENT # A05723 AREHOUSE LTD.		£	SECRETAR VISION OF C	.EU Y OF STATE ORPORATIONS		1	# # # # # # # # # # # # # # # # # # #	
Principal Place of Business  801 ARTHUR GODFREY ROAD  SUITE 202  MIAMI BEACH FL 33140  Mailing Address  801 ARTHUR GODFREY ROAD  SUITE 202  MIAMI BEACH FL 33140					10 May - 1	PM 12: 06	(	J 1944 - 1944 - 1944 - 1944 - 194	1
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.			<del></del>		DO NOT WRITE IN THIS SPACE				
City & State	е	City & State			4. FEI Number	59-1790505		Applied For Not Applicab	ele
Zip	Country	Zip	Cour	ntry .~	5. Certificate of	<u> </u>	Fee	.75 Additional Required	
	6. Name and Address of Current R	egistered Agent		Name	7. Name and A	ddress of New Regis	tered Ager	nt	$\dashv$
PERTNOY, EARL				Street Address (P.O. Box Number is Not Acceptable)					
801 ARTHUR GODFREY ROAD SUITE 202			•						$\dashv$
MIAMI BEACH FL 33140				City FL Zip Code					
8. The above	named entity submits this statement for t	the purpose of changing its	register	ed office or register	ed agent, or both.	in the State of Florida	<b>L</b>		
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable (NOTE	- Panietara		when remetation)		DATE		
9. Capital Co	ntributions <b>\$170.435.00</b>	10. Amount of Capita	ıl Contri		;	11. MAKE CHECK PA	AYABLE TO	DEPT. OF STATE EE INFORMATION	
	A GENERAL PARTNER TH NOTE: General Partners MAY	IAT IS A BUSINESS EN	TITY M	UST BE REGIST	ERED AND AC	TIVE WITH THIS O	FFICE.	<del> </del>	
12.	GENERAL PARTNER	<u>, -</u>	13.			ADDRESS CHANG			$\exists_{\leftarrow}$
DOCUMENT#  NAME  STREET ADDRESS	PERTNOY, EARL			EET ADDRESS					ZE003 (5/99)
CITY-ST-ZIP	MIAMI BEACH FL 33140	•	CITY	'-ST-ZIP	30	00032)			CRZEO
NAME			STR	EET ADDRESS		-06/01/00 ****526	/010: <u>25 **</u>	53UU5 <u>***526.25</u>	_
STREET ADDRESS CITY - ST - ZIP			СПҮ	'-ST-ZIP					
DOCUMENT# NAME			STR	EET ADDRESS		<u></u>			
STREET ADDRESS CITY-ST-ZIP			CITY	/- ST-ZBP :				<del>.</del>	
DOCUMENT # NAME		,	STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP		<u></u>			
DOCUMENT # NAME			STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			СПУ	'-ST-ZIP					
DOCUMENT #	• .		STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				'-ST-ZIP		r			
14. I hereby of indicated the receive	certify that the information supplied with to on this report is true and accurate and the ver or trustee empowered to execute this	his filing does not qualify for nat my signature shall have t report as required by Chapt	he sam er 620,	e legal effect as if m Florida Statutes	ade under oath; th	Florida Statutes. I furt at I am a General Par	her certify t tner of the	that the information limited partnership	or

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-27-00 Date