2002	2 UNI	LOKW RO2	INESS REPO	JRT	(UBR)	
DOCU 1. Entity Nam	ne	<b>⊎</b> 7	70	Š	Û. E	FILED
SAMPAL	La lake R/	NICH LIMITED				02 MAY 10 AM 8: 45
Principal Plac	e of Busines	S	Mailing Address	<del></del> -	****	SECRETARY OF STATE
800 FOXHOUND DR., RT. 37 DAYTONA BEACH FL 32124			800 FOXHOUND DR., RT. 37 DAYTONA BEACH FL 32124			TALLAHASSEE FLORIDA
O. Divisial Division			1.			
2. Principal Place of Business			3. Mailing Address			8/0
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2002
City & State			City & State			4. FEI Number 58-1438520 Applied For Not Applicable
Zip	Zip Country		Zip	Zip Coun		5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					Nome	7. Name and Address of New Registered Agent
KREMSER, GEFFORY						
3310 S.W. 100TH ST.						
GAINESVILLE FL 32607					Port	Crange FI
					City	FL ZESTEL
3. 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.						
SIGNATURE .						
9. Capital Co	Signature, typed	or printed name of registered agent	· 1 · · · · · · · · · · · · · · · · · ·			OATE CATALOGUE TO DEPART OF THE CATALOGUE TO DEP
as Shown o		\$1,400,000.00	10. Amount of Capi in FLORIDA to c		outions 	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
	A G NOTE:	ENERAL PARTNER 1 General Partners MA	THAT IS A BUSINESS EI AY NOT be changed on I	NTITY M	IUST BE REGI n: an amendm	ISTERED AND ACTIVE WITH THIS OFFICE. sent must be filed to change a general partner.
12.		GENERAL PARTNER		13.	·	ADDRESS CHANGES ONLY
AME KREMSER, FRANK J JR.				STRE	EET ADDRESS	300 taxhound DR
STREET ADDRESS	ADDRESS 800 FOX HOUND DRIVE, RT. 37			CITY-ST-ZIP		
OCUMENT #	DATIONA	BEACH FL 32124			70	bet kange, 13a188
IAME	KREMSER	, PAULINE H		STRE	ET ADDRESS	soo toxhound De
TREET ADDRESS CITY-ST-ZIP		HOUND DRIVE, RT. 37 BEACH FL 32124		CITY	-ST-ZIP	bet Orange, Flag 128
OCUMENT #				STRE	ET ADDRESS	
TREET ADDRESS				CITY	-ST-2IP	
OCUMENT #		<del></del>		====		
IAME				STRE	ET ADDRESS	
TREET ADDRESS				CITY	-ST-Z <del>i</del> P -	
OCUMENT # AME				STRE	ET ADDRESS	
TREET ADBRESS ITY-ST-Z(P	:			CITY	-ST-ZIP	
OCUMENT	3			STRE	ET ADDRESS	6000056380664 -05/23/0201053010
TREET ADDRESS	, ,,,			CITY-	-ST-ZIP	****526.25 ****526.25
4. I hereby co	ertify that the	Information supplied with	this filing does not qualify fo	the exer	nption stated in §	Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE: