200	Ulti	FUNIN BUS	IIIE33 NE	PONI	(ODN)		
DOCUMENT # A07991						para estantimina.	
DUVAL-STEVENS, LTD.						FILED	
POST OFFICE BOX 30043 POST C 4600 MARRIOTT DRIVE. SUITE 120 4600 MA				iling Address ST OFFICE BOX 30043 0 MARRIOTT DRIVE, SUITE 120		O1 JAN 26 AM II: 29 SECRETARY OF STATE	
RALEIGH NC 27622-0043 RALEIGH NC 27622-0043							
2. Principal P		ess	3. Mailing Address			T TO ELDIN 1811 BEHIN 1881B 1881B 1881B 1881B 1881 BIBNY BYRN BYRN BYRN BYRN BYRN BYRN BYRN B	
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE	
City & State City & State						4. FEI Number Applied For Not Applied by Not Applied For	
Zip Country			Zip	Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
	6. Name	and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY					Street Address (P.O. Box Number is Not Acceptable)		
1201 HAYS STREET							
TALLAHASSEE FL 32301					City	FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its re					FL		
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Registere	ed Agent signature require	ed when reinstating) DATE	
9. Capital Co as Shown		\$560,000.00		of Capital Contri DA to date.	butions \$560	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A (GENERAL PARTNER	HAT IS A BUSINE	SS ENTITY M	IUST BE REGIS	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.	
12.	NOTE	GENERAL PARTNE	_	13.	i, an amendine	ADDRESS CHANGES ONLY	
DOCUMENT # 543799 NAME SHINSTATES REALTY GRP INC					EET ADDRESS		
STREET ADDRESS	REET ADDRESS 4600 MARRIOTT DR., SUITE 120				'-ST-ZIP		
DOCUMENT # NAME				STRI	EET ADDRESS	8000036242081 -02/02/0101038002	
STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP	****526.25 *****526.25	
DOCUMENT # NAME				STR	EET ADDRESS		
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DOCUMENT # NAME	•			STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY	-ST-ZIP		
14. I hereby of indicated the receive	on this repor ver or trustee	e information supplied with t is true and accurate and empowered to execute this SUNSTATES REAL	that my signature sha s report as required b TY GROOD, I	NC GEN	e legal effect as if Florida Statutes ERAL PARTN	ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership o	
 		Sunstates Real					