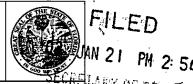
CR2E003 (10/02)

## DOCUMENT # **A09280**

1. Entity Name PC-80, LTD.



			1	SFC Bot Apply	
Principal Place of Business 5481 NORTH STATE RD. 7 TAMARAC FL 33319-2954		Mailing Address 5481 NORTH STATE RD. 7 TAMARAC FL 33319-2954	ĮĄ	SECHELAKY OF STATE 75 ALLAHASSEE FLORIDA	
2. Principal Place of Busin Suite, Apt. #, etc.  City & State  Zip  6. Name  GRANADOS, FELIX, \$ 5481 N. STATE RD. 7  TAMARAC FL 33319-  8. The above named entity the obligations of regist signature, typed  9. Capital Contributions as Shown on record.  A C NOTE:  12.  DOCUMENT # NAME STREET ADDRESS  S481 N. S  5481 N. S	lace of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003	
City & State		City & State	· <del>=</del> ·	4. FE! Number 59-2026561 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of C	Current Registered Agent		7. Name and Address of New Registered Agent	
			Name		
GRANADOS, FELIX, SR. 5481 N. STATE RD. 7			Street Address (P.O. Box Number is Not Acceptable)		
TAMARAC	FL 33319-2954	•		W - W - W - W - W - W - W - W - W - W -	
			City	FL Zip Code	
	named entity submits this state ions of registered agent.	ement for the purpose of changing its r	registered office or r	or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registe	ered agent and title if applicable.		DATE	
•	40 13 14 17 17 17 17 17 17 17 17 17 17 17 17 17	.00 10. Amount of Capita in FLORIDA to da		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
				REGISTERED AND ACTIVE WITH THIS OFFICE. endment must be filed to change a general partner.	
12.	GENERAL P	ARTNER INFORMATION	13.	ADDRESS CHANGES ONLY	
1	GRANADOS, ROBERTO		STREET ADDRESS		
	5481 N. STATE RD. 7 TAMARAC FL		CITY-ST-ZIP	400010201694	
DOCUMENT # NAME			STREET ADDRESS	01/21/0301002006 **158.75	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		

DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #