DOCUMENT # ^ A11744 1. Entity Name COURY INVESTMENTS, LIMITED						FILED				
Principal Place of Business 6627 6. DIXIE HIGHWAY MIAMI FL 33156 Mailing Address P.O. BOX 143914 CORAL GABLES FL 33114-35			3914			00 MAR 27 PM 9: 06 SECRETARY OF STATE				
2. Principal Place of Business 20458 Old Cutter ROAD Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>	14nqe	>	DO NOT WRITE IN THIS SPACE				
City & State City & State City & State					4. FEI Num	^{ber} 59-2	173486	Not	olied For Applicable	
33189 45			Coun	try -	5. Certificate of Status Desired S8.75 Additional Fee Required.					
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent Name					
MULLER, CHARLES E II 9350 S. DIXIE HIGHWAY, SUITE 1550 MIAMI FL 33156				Street Ad	dress (P.O. Box Num	(P.O. Box Number is Not Acceptable)				
			,							
		· sames in the		City			FL	Zip Code		
8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										
9. Capital Co as Shown		l Contril te.	outions			AKE CHECK PAYABLE EE REVERSE SIDE FO				
	A GENERAL PARTNER TH NOTE: General Partners MAY	HAT IS A BUSINESS ENT NOT be changed on the	ITY M e form	UST BE R ; an amen	EGISTERED AND diment must be fi	ACTIVE V	VITH THIS OFFICE nge a general par	iner.		
12.	GENERAL PARTNER	13.	1	ADDRESS CHANGES ONLY						
DOCUMENT # NAME STREET ADORESS	COURY, AMELI 9627 S. DIXIE HIGHWAY 20458 Old Cutter RD.			ET ADDRESS	20458					
CITY-ST-ZIP	MIAMI FL 83158		UIIY	-ST-ZIP	Miami	FL	33189		CR2E003 (9/99)	
DOCUMENT # NAME STREET ADDRESS	BELL, MARY ANN 9027 S. DIXIE HIGHWAY			ET ADDRESS	20458	Old	Lutter 1	<u> </u>		
CITY-ST-ZIP	MIAMI FL 99156		UIT	-51-ZIP	MIAMI	F-L	33189			
DOCUMENT # 1 NAME STREET ADDRESS	LAWRENCE, PATRICIA C 9627 S. DIXIE HIGHWAY			ET ADORESS	904 <i>2</i> 8	<u>O18</u>	Cutler K	CAD		
CITY-ST-ZIP	MIAMI FL 3 3156		City	-ST-ZIP	MIAMI	FL	33184			
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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 SIGNA										