200	IUNI	FURM BUS	INESS KEPU	KI	(UB	K)	
DOCU 1. Entity Nan	MENT me	# A1185	2				
NATTAR,	, LTD.					F	ILED
Principal Place of Business Mailing Address					0	1 FE	8 16 AM 9: 11
8381 S.W. 92ND TERRACE MIAMI FL 33156			8381 S.W. 92ND TERRACE MIAMI FL 33156		-	•	TARY OF STATE
					Ţ	ALLAH	ASSEE ELORIDA
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State			City & State				4. FEI Number 59-2175020 . Applied For Not Applicable
Zip	Zip Country		Zip	Country			5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current F			Registered Agent	gistered Agent Name			7. Name and Address of New Registered Agent
- HERSHBEIN, ARTHUR,					Street Address (P.O. Box Number is Not Acceptable)		
8381 S.W. 92ND TERR					Silver Address (P.O. Box Nulliberts Not Acceptable)		
MIAMI FL	33156				City		17: O. d.
					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 a	and title if applicable. (NOT)	E: Registere	ed Agent signat	ture required t	when reinstating) DATE
9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE							
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
NOTE: General Partners MAY NOT be changed on the form; an  12. GENERAL PARTNER INFORMATION 13.						ndment	ADDRESS CHANGES ONLY
00CUMENT #	LIEDOU IDEI	M. ADTINID		STR	EET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP		n, arthur 92nd terr.		CITY	Y-ST-ZIP		
DOCUMENT # NAME				STR	EET ADDRESS	.:	3000038021637
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DOCUMENT # NAME				STR	EET ADDRESS	·	
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  FEB. 10, 2001  SIGNATURE:  ARTHUR HERSHBEIM							
SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTIES Date Dayline Phone #							