SIGNATURE;

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

		<del></del>			i					
DOCUMENT # A13170  1. Entity Name						- LEHLEO				
ORANGE PARK ASSOCIATES, LTD.						SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Plac 6400 POWERS SUITE 224 ATLANTA, GA	FERRY ROAD. N.W.	Mailing Address 6400 POWERS FERRY ROAD. N.W. SUITE 224 ATLANTA. GA 30333			Inc.  DO NOT WRITE IN THIS SPACE					
2. Principal P	lace of Business	3. Mailing Address c/o Goldstein Realty Group,								
Suite, Apt.		Suite, Apt. #, etc. 1300 Riverplace Blvd., #105								
City & State	9	City & State Jacksonville, Florida			4. FEI Number	58-1492727	Applied For Not Applicable			
Zip	Country	Zip 32207	Countr USA	-	5. Certificate of	Status Desired	\$8.75 Additional Fee Required			
	6. Name and Address of Current R	legistered Agent			7. Name and A	ddress of New Register	red Agent			
DREW MARGOL GOLDSTEIN REALTY GROUP, INC 1300 RIVERPLACE BLVD STE 105 JACKSONVILLE FL 32207				Street Äddress (F Goldstein	Goldstein (P.O. Box Number is Not Acceptable) n Realty Group, Inc. erplace Blvd., #105					
8. The above	named entity submits this statement for	the purpose of changing its re	egistered			in the State of Florida.				
SIGNATURE .	Barry J. Goldstein ( Signature, typed or printed name of registered agent ar	See attached for dutie if applicable. (NOTE. F	sig	nature.) Agent signature required	when reinstating)	DA	TE			
9. Capital Contributions as Shown on record.  \$960.00  10. Amount of Capital Contributions in FLORIDA to date				utions			BLE TO DEPT. OF STATE FOR FEE INFORMATION			
	A GENERAL PARTNER TH NOTE: General Partners MAY	AT IS A BUSINESS ENTI NOT be changed on the	ITY MU e form;	IST BE REGIST an amendment	ERED AND AC must be filed	TIVE WITH THIS OFF to change a general	ICE. partner.			
12.	GENERAL PARTNER		13.			ADDRESS CHANGES				
DOCUMENT #	KRITZER, CRAIG H.			T ADDRESS						
STREET ADDRESS CITY-ST-ZIP				ST-ZIP						
DOCUMENT # NAME	LEVICK, MARK J.		STREE	T ADDRESS						
STREET ADDRESS CITY-ST-ZIP	The second secon			ST-2iP	<del>50000340</del> 9135-					
DOCUMENT # NAME			STREE	T ADDRESS		****541.	25 ****541.25			
STREET ADDRESS CITY-ST-ZIP			CITY-5	ST-ZIP						
DOCUMENT # NAME			STREE	T ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP						
DOCUMENT#			STREE	T ADDRESS		<del></del>				
STREET ADDRESS CITY-ST-ZTP			CITY-S	ST-ZIP						
DOCUMENT # NAME			STREET	T ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP						
14. I hereby of indicated the receive	ertify that the information supplied with to on this report is true and accurate and the or trustee empowered to execute this	this filing does not qualify for the hat my signature shall have the report as required by Chapter	he exem e same r 620. Fl	nption stated in Sec legal effect as if m lorida Statutes	ction 119.07(3)(i), ade under oath; t	Florida Statutes. I further hat I am a General Partne	r certify that the information er of the limited partnership or			

(770) 951-6599

Daytime Phone #

DOCU	MENT	# A1317	0						(
ORANGE PARK ASSOCIATES, LTD.									
Principal Place of Business 8400 POWERS FERRY ROAD, N.W. SUITE 224 ATLANTA. GA 30339			Mailing Address 6400 POWERS FERRY ROAD, N.W. SUITE 224 ATLANTA, GA 30339				I <b>(16) (16)</b>	74 1 <b>55</b> 14 <b>45</b> 71 <b>616</b> 17 <b>6</b> 1	UK SEBU BINK OFFO OGAN 1881
2. Principal Place of Business 3. Mailing Address  Go GoLOSTEIN I				fent	y 6001/-				11
Suite, Apt. #. etc.			1300 Riverplace Blud. \$105			DO NOT WRITE IN THIS SPACE			
City & State			TAX FLA			4. FEI Numbe	58-14927	727	Applied For Not Applicable
Zip		Country	32207	Countr	A		of Starus Desire	غ ت ه	8.75 Applitonal eo Required
	5. Name	and Address of Current I	Registered Agent		Name O	7. Name and	Address of No	w Registered A	gent
	ARGOL-	GROUP, INC		~ }	St/eet Address	(P.O Box Numbe	COLOST r is Not Accepte	EIN CO	<u>USTEIN KEAI</u> D. Tac
1300 RIV	ERPLACE BI	LVD STE 105			1300 Ri	verDlace	Blvd.	Svite	105
JACKSON	NVILLE FL 3	2207		ſ	City TA	×		FL	210 Code 32207
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, types or privace name or regarded agent and size it applicable. (NOTE, Registered Agent Signature required when reinstands)  Date									
as Shown		\$960.00	in FLORIDA to dat HAT IS A BUSINESS ENT	te.	•	TERED AND A	SEE REV	ERSE SIDE FOR	FEE INFORMATION
12.	NOTE:	General Partners MAY	NOT be changed on the	e form;	an amendme	nt must be filed	l to change a	general partr	
DOCUMENT •	<u> </u>	GENERAL PARTNER	INFORMATION	13.	ADDRESS		ADDRESS	CHANGES ONLY	· ·····
NAME STREET ADDRESS CITY-ST-ZIP	KRITZER, CRAIG H. 6400 POWERS FERRY RD 224 ATLANTA GA				IT-ZIP		·		
DOCUMENT #	LEVICK, M			STREET	ADDRESS				
STREET ADDRESS City-ST-Zip	6400 POWERS FERRY RD 224 ATLANTA GA			CITY-S	T-21P				
DOCUMENT / NAME		<del></del>		STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP				ÇITY•S	T-2/P				
DOCUMENT #	<u> </u>			STREET	ADDRESS				
STREET ADORESS CITY-ST-ZIP				C)1Y-5	T-21P				
DOCUMENT / NAME				STREET	address				
STREET ADDRESS CITY-ST-ZIP				CiTY-Si	r-2iF				
DOCUMENT # NAME STREET ADDRESS				STREET	ADDRESS				
CITY_ST-ZIP				CITY-ST	. 1				
14. I nereby certify that the information supplied with this filling does not quality for the exemption stated in Soction 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 logal effect as if made under pain; that I am a General Parmer of the ilmited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.									
SIGNATURE: SIGNATURE REQUIRE REQUIRE PROTIET PARTIES									