| | | | • | - | |
|---|--|---------------------------------------|---|------------------------------|---|
| DOCUMENT # A16159 1. Entity Name | | | | FILED SECRETARY OF COLUMN | |
| TAMPA I- | | | | | FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Principal Place | Mailing Address 5445 MARINER ST #104 | | | 02 APR 15 | |
| 5445 MARINER ST #104 5445 MARINER ST #104 TAMPA FL 33609-3415 TAMPA FL 33609-3415 | | | | | |
| | | | | | |
| 2. Principal Pla | ace of Business | 3. Mailing Address | | | T THE SOLIS SOLET SHELD CHACK PLOOD DAVID SOLEN BURN BURN BURN BURN BURN BURN BURN BUR |
| Suite, Apt. #, etc. 5445 Mariner St. #110 Suite, Apt. #, etc. 5445 Mariner St. | | | St. #110 | | DUE BY MAY 1, 2002 |
| City & State Tampa, | FL | City & State Tampa, FL | | | 4. FEI Number 59-2346305 Applied For Not Applicable |
| Zip 33609-3 | Country 415 USA | Zip 33609-3415 | Country USA | | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| | 6. Name and Address of Current | | | | 7. Name and Address of New Registered Agent |
| 1014110 01 | | | Name | | |
| IRVING, PE 5445 MARI TAMPA FL | | | set Address (P.O. Box Number is Not Acceptable) 5445 Mariner St. #110 | | |
| IMMINIE | | | City Tan | nn a | FL zin 9609-3415 |
| 8. The above n | named entity submits this statement fo | r the purpose of changing its | | | ed agent, or both, in the State of Florida. |
| | 1 - J | . The perpose of changing no | . 09.0.0.00 | , rogistor | |
| SIGNATURE | signature, typed or printed name of registered agen | Peter Irv d title if applicable. | | PTR. | 4-12-02 DATE |
| 9. Capital Cont as Shown or | | 10. Amount of Capita in FLORIDA to da | al Contributions | 290. | 946 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
| | A GENERAL PARTNER T | 'HAT IS A BUSINESS EN' | TITY MUST BE | REGIST | FERED AND ACTIVE WITH THIS OFFICE. |
| 12. | GENERAL PARTNER | | 13. | enamen | t must be filed to change a general partner. ADDRESS CHANGES ONLY |
| DOCUMENT # | DAVTED OFODOR I | | STREET ADDRESS | | |
| | BAXTER, GEORGE J. 5005 SAN JOSE DR | | | 496 | 3 Bacopy Lane So. Apt 803 |
| | TAMPA FL | | CITY-ST-ZIP | St. | Petersburg, FL 33715 |
| DOCUMENT# NAME | IRVING, PETER | | STREET ADDRESS | | |
| STREET ADDRESS | 14900 GULF BLVD. #402 MADEIRA BCH FL | | CITY-ST-ZIP | <i>.</i> | |
| DOCUMENT # NAME | KERR, ROBERT S. JR. | | STREET ADDRESS | | 900005289899 r -04/17/0201064023 |
| | 12501 N MARY AVE. OKLAHOMA CITY OK | | CiTY-ST-ZIP | | ****526.25 *****526.25 |
| DOCUMENT / NAME | · · | | STREET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | i | | CITY-ST-ZIP | | |
| DOCUMENT # NAME | | | STREET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| DOCUMENT # NAME | | <u>-</u> | STREET ADDRESS | | |
| STREET ADDRESS City-St-Zip | | | CITY-ST-ZIP | | |
| indicated o | ertify that the information supplied with in this report is true and accurate and r or trustee empowered to execute this | that my signature shall have t | he same legal effe | ct as if m | ction 119.07(3)(i), Florida Statutes. I further certify that the information lade under oath; that I am a General Partner of the limited partnership or |

Peter Irving, GEN. PTR.
SEGNATURE AND TYPED OR PRINTED NAME OF STRINING GENERAL PARTNER

4-12-02 Date

813-282-1873 Daytime Phone #