DOCUMENT # A16247 1. Entity Name													1/	88 <u>≥</u>
PAGE BROTHERS ASSOCIATES LIMITED PARTNERSHIP										FILED	j	_	\sim	וד
Principal Plac	ailing Address	g Address			01	APR -4 AM	9:07							
9300 W. ATLANTIC BLVO. CORAL SPRINGS FL 33071				9900 W. ATLANTIC BLVD. CORAL SPRINGS FL 33071				SECRETARY OF STATE						
2. Principal Place of Business					3. Mailing Address					(B)	1881 BIRII BIBII	DIAN U	BII 8(8)/ 8)6/ 1881	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State				City & State					4. FEI Number	59-2575601			Applied For Not Applicable	<u> </u>
Zip Country				Ž	Zip	try		5. Certificate o	f Status Desired		8.75 e Req	Additional uired		
erio escara escara escara	6. Name	and Addre	ss of Current I	Regist	tered Agent		77 N 12 - 77		7. Name and A	ddress of New Re	gistered Ag	ent - ·]
PAGE, KENNETH E							Name Street Address (P.O. Box Number is Not Acceptable)							$\frac{1}{2}$
1840 MONTE CARLO WAY CORAL SPRINGS FL 33071														7
							City		FL Zip Code					
8. The above	named entity	y submits th	is statement for	the p	urpose of changing its	s registere	ed office or	registere	ed agent, or both,	in the State of Flori	ida.			
SIGNATURE	Signature, typed	or printed name	of registered agent a	nd title if	applicable. (NOT	E: Registere	d Agent signatur	e required	when reinstating)		DATE			1
9. Capital Contributions as Shown on record. \$48,000.00 in FLORIDA to date												LE TO DEPT. OF STATE OR FEE INFORMATION		
					S A BUSINESS EN							or		
NOTE: General Partners MAY NOT be changed on th 12. GENERAL PARTNER INFORMATION							3. ADDRESS CHANGES ONLY					CI.		-
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NAME						STRE	ET ADORESS			-				
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indicated	on this repor	t is true and	l accurate and t	hat m	ing does not qualify fo y signature shall have t as required by Chap	the same	e legal effec	t as if ma	ade under oath; t	nat I am a General I	urther certify Partner of the	that t) e limite	ne information ed partnership o	r
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING RESEARCH PARTNER Date Daylime Phone #														