DOCUMENT # A19113 1. Enlity Name					FILED		
PINE TERRACÉ LTD.						02 APR 30 PH 5: 03	
Principal Place of Business Mailing Address 20721 S.W 46TH AVE. NEWBERRY FL 32669 Mailing Address 20721 S.W 46TH AVE. NEWBERRY FL 32669						SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal I	Place of Busi	ness	3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc							
						DUE BY MAY 1, 2002	
			City & State			4. FEI Number 59-2499819 Applied For Not Applicable	
Zip	Zip Country		Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent	
DAVIS, NORITA V.					Street Address (P.O. Box Number is Not Acceptable)		
20721 S.W 46TH AVE. NEWBERRY FL 32669							
				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	od title if applicable	,	 		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date SER PRINTER SIDE FOR SECTIMENDMATION							
as Shown on record. 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 amendment must be filed to change a general partner.							
12.		GENERAL PARTNER		13.	, an amenumen	ADDRESS CHANGES ONLY	
DOCUMENT # NAME	DAVIS, NORITA V.			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CIT		ST-ZIP		
DOCUMENT #				STREE	ET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP					ST-ZIP	400805503034 S -05/10/0201057017	
DOCUMENT # NAME				STREE	ET ADDRESS	****158.00 ****150.00	
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP		
DOCUMENT / NAME				STREE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP		
DOCUMENT # NAME				STREE	T ADDRESS		
STREET_ADDRESS CITY-S7-ZIP				CiTY-	ST-ZIP		
DOCUMENT #				STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP				Y	ST-ZIP		
14. I hereby certify that the information supplied with this filling 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 acceptate 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 sport as redured by Chapter 620, Florida Statutes SIGNATURE: 19.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and acceptate 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 sport as redured by Chapter 620, Florida Statutes 351							
	~·····	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING GEN	ERAL PARTNER		Date Daytime Phone #	