1. Entity Name	IENT # A2007	71 751-		R) // / / / / / / / / / / / / / / / / /	
DOCUMENT # A20074 757-3/VP 1. Entity Name MANASOTA ASSOCIATES, LTD.				SECRETARY OF STATE OIVISION OF CORPORATIONS	
Principal Place P. O. BOX 4994 240 S. PINEAPP SARASOTA FL 3	8 LE	Mailing Address P. O. BOX 49948 240 S. PINEAPPLE SARASOTA FL 34230-69	948	00 MAY - 1 PM 1: 33	
2. Principal Place of Business 240 S. Pineapple Avenue		3. Mailing Address P.O. Box 49948			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
10th Floor City & State Sarasota, Florida		City & State Sarasota, Florida		4. FEI Number 59-2623089 Applied For Not Applicable	
Zip 34236	Country USA	Zip 34230-6948	Country USA	5. Certificate of Status Desired	
34230	6. Name and Address of Current		USA	7. Name and Address of New Registered Agent	
BAND, DAVID S. 240 S. PINEAPPLE Avenue, 10th Floor SARASOTA FL 34236			Name	Name	
			Street	Street Address (P.O. Box Number is Not Acceptable)	
			10+1	10th Floor	
			City	FL Zip Code	
8. The above na	amed entity submits this statement for	or the purpose of changing i	ts registered office	registered agent, or both, in the State of Florida.	
SIGNATURE	gnature, typed or printed name of registered agent			ure required when reinstating) DATE	
Capital Contract as Shown on	UC-100:07	10. Amount of Cap in FLORIDA to	1	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER	THAT IS A BUSINESS E	NTITY MUST BE	REGISTERED AND ACTIVE WITH THIS OFFICE. ndment must be filed to change a general partner.	
12.	GENERAL PARTNE		13.	ADDRESS CHANGES ONLY	
DOCUMENT#	DAND DAVID C				
STREET ADDRESS	240 S. PINEAPPLE SARASOTA FL		CITY-ST-ZIP		
DOCUMENT#	HANAN, LEWIS		STREET ADDRESS		
STREET ADDRESS	1830 S TUTTLE AVE SARASOTA FL		CITY-ST-ZIP	390003293293∩ -06/09/0001091015 ****\$26,25 ****\$26,25	
DOCUMENT#			STREET ADDRESS	20, 20	
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT# NAME			STREET ADDRESS		
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DOCUMENT # NAME			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP		
			STREET ADORESS		
DOCUMENT# NAME			CITY-ST-ZIP		
	2				
NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby cellindicated of	rtify that the information supplied wit in this report is true and accurate and or trustee empowered to execute the	i that my sionature shall hav	e the same lenal eff	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information ct as if made under oath; that I am a General Partner of the limited partnership or tutes	
NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby cellindicated of	n this report is true and accurate and r or trustee empowered to execute the	i that my sionature shall hav	e the same legal eff apter 620, Florida St	ict as it made under oath: that I am a General Partner of the limited partnership of	