	DOCU 1. Entity Nam	MENT	# A215	<b>D PART</b> NESS RE 81	NERSHI PORT (	P UBR)	03	FILED MAY -5 PH 8:	38	AN AN	
22 Price       Suite, Apti. 4, etc.       Suite, Apti. 4, etc.       DUE BY MAY 1, 2003         City & State       Chy & State       4. FEI Number 13-332 (652       Applied Formation 12-332 (652)         Zip       Country       8. Contribute of Status Desired       Bit 75 Additional Teo Registered Agent         E. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Status Desired       Bit 75 Additional Teo Registered Agent         PRENTICE-HALL CORPORATION SYSTEM 1201 HWS STREET       Name       Name       Status Desired       Teo Registered Agent         TALLAHASSEE FL 32301       City       FL       Zip Code       Status Desired       Teo Registered Agent         SIGNATURE       Status Desired agent, or begistered age	2424 ROUTE 5	52		2424 ROUTE	52						
City & State City & FL 20 Codd City FL 2	2. Principal Place of Business			3. Mailing Ac	-						
Zip         Country         Z p         Country         S. Gendficate of Smuth Desired         In Address           2/p         Country         2. Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           PRENTICE HALL CORPORATION SYSTEM Table HAYS STREET TALLAHASSEE FL 32301         7. Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           City         FL         Zip Coole         7. Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           7. Name and Address of englised agent.         City         FL         Zip Coole           8. The above named entity submits this statement for the purpose of changing its negletered office or registered agent, or both, in the State of Porica.         In familiar with, and accept the didgeter agent.           SiGMATURE         Stood Number is Not Acceptable.         11. Matte Defter agent.         In familiar with, and accept the didgeter agent.           SiGMATURE         Stood Number is Not Acceptable.         11. Matte Defter agent.         In familiar with, and accept the didgeter agent.           SiGMATURE         Stood Number is Not Acceptable.         11. Matte Defter agent.         Not           SiGMATURE         Stood Number is Not Acceptable.         11. Matte Defter agent.         Not           SiGMATURE	Suite, Apt. #, etc.			Suite, Apt.	Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
Control C	City & State			City & Stat	City & State		4, FEI Number	13-3321652		Applied For Not Applicable	
PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS STREET TALLAHASSEE FL 32301         Name           City         FL         Zip Code           Code tall Contributions         To Expert the statement on the purpose of changing its registered agent, or both, in the State of Porids. Lam familiar with, and accept the obleated Contributions         To Expert to Porids. Lam familiar with, and accept the obleated Contributions         To Expert the the obleated Contributions         To Expert to Porids. Lam familiar with and Capital Contributions         To Expert the Expert to Porids. Lam familiar with and Capital Contributions         To Expert the Montanton Note: Expert the Montanton Note: Expert to Porids. The Displance Contributions         To Expert the Montanton Note: Expert the Montanton Note: Expert the Contange a general partner.           12         General Partner: More More More More More More More More	Zip	Zip Country Zip			Cour	ntry	5. Certificate o	f Status Desired	\$8.7 Fee R	5 Additional equired	
City         FL         Zp Code           City         FL         Zp Code	PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS STREET				nt	Name					
Capital Contributions of registered agent.     In the bolgations of registered agent.     SignATURE     Sequence have a displayed agent and the Teplacete     Sequence have a displayed agent andiff of teplayed agent and the Teplacete     Sequence have a displa						City			FL Zir	p Code	
Carpital Contributions     Sequence May and a mark of supplication     Sequence Mark Contributions     Sequence Mark Contribution	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. I am familiar with, and accurate									r with, and accept	
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.         12.       GENERAL PARTNER INFORMATION       13.       ADDRESS CHANGES ONLY         DOCUMENT / NAME       H9100 DAYS KISSIMMEE ASSOCIATES, INC.       SIREET ADDRESS 2424 ROUTE 52 (TY-ST-2P       SIREET ADDRESS CTY-ST-2P       SIREET ADDRESS CTY-ST-2P       SIREET ADDRESS CTY-ST-2P         DOCUMENT / NAME       HOPEWELL JUNCTION NY 12533       STRET ADDRESS CTY-ST-2P       CTY-ST-2P       D5//06//0301126016       ##141.25         DOCUMENT / NAME       STRET ADDRESS CTY-ST-2P       CTY-ST-2P       CTY-ST-2P       D5//06//0301126016       ##141.25         DOCUMENT / NAME       STRET ADDRESS CTY-ST-2P       CTY-ST-2P       CTY-ST-2P       CTY-ST-2P         DOCUMENT / NAME       STRET ADDR	9. Capital Co	ntributions		10. Amo		butions		11. MAKE CHECK PAYA	BLE TO FL		
12.     GENERAL PARTNER INFORMATION     13.     ADDRESS CHANGES ONLY       DOCUMENT / NAME     H91100 DAYS KISSIMMEE ASSOCIATES, INC. 2424 ROUTE 52 HOPEWELL JUNCTION NY 12533     STREET ADDRESS CITY-ST-2P     STREET ADDRESS CITY-ST-2P     STREET ADDRESS CITY-ST-2P       DOCUMENT / NAME STREET ADDRESS CITY-ST-2P     STREET ADDRESS CITY-ST-2P     CITY-ST-2P     D5//06//0301126016     ##141.25       DOCUMENT / NAME STREET ADDRESS CITY-ST-2P     STREET ADDRESS CITY-ST-2P     STREET ADDRESS CITY-ST-2P     CITY-ST-2P       DOCUMENT / NAME STREET ADDRESS CITY-ST-2P     STREET ADDRESS CITY-ST-2P     CITY-ST-2P     CITY-ST-2P       DOCUMENT / NAME STREET ADDRESS CITY-ST-2P     STREET ADDRESS CITY-ST-2P     STREET ADDRESS CITY-ST-2P     STREET ADDRESS CITY-ST-2P       DOCUMENT / NAME STREET ADDRESS CITY-ST-2P     STREET ADDRESS CITY-ST-2P     STREET ADDRESS CITY-ST-2P     STREET ADDRESS CITY-ST-2P       14. Lhereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(0), Florida Statules. Lighther certify that the infor											
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14. I hereby certify that the information supplied with this filing 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 accurate 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	-			•	City	/-ST-ZIP					
SIGNATURE: SIGNATINE REQUIRED AT 4/25/23	the receiv	er or trustee e	mpowered to execut	with this filing does r and that my signatur e this report as requir	not qualify for the exe e shall have the same chapter 620,	emption stated in Sec e legal effect as if m Florida Statutes	ction 119.07(3)(i), ade under oath; t	Florida Statules. I further hat I am a General Partne	r certify that er of the lim	t the information lited partnership or	

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