Due By May 1, 2006				FILED	
1. Entity Nam	MENT #A21669	9			006 08:00 AM ary of State
121 ALHAMI	e of Business BRA PLAZA, PH I, SUITE 1600 FS, FL 33134	Mailing Address _ 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134		1 (#100 miss 1803m (2008) 2001 mission mission (1804)	BINS BING NING SING NINGS
				01052006 No Chg-LP	CR2E003 (11/05)
	O NOT WR	ITE IN THIS	SPACE	4. FEI Number 59-2632351	Applied For Not Applicabl
		Trition		5. Certificate of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of (Gurrent Registered Agent		- Application -	Torra
RENTZ, R 121 ALHAI CORAL G	. LARRY MBRA PLAZA, PH I, SU ABLES, FL 33134	ITE 1600	#75,577	DO NOT W	
				January January Mary Company of State Company	The state of the s
	e named entity submits this stati tions of registered agent.	ement for the purpose of chang	ing its registered office or regist	tered agent, or both, in the State of Flor	ida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of regist	ered agent and fills if applicable.			DATE
	FIL After Ma	E NOW!!! FEE 13 \$500. ay 1, 2008, Fee will be	\$900.00 \$900.00		
	A GENERAL PAR' NOTE: General Partn	TNER THAT IS A BUSINES iers MAY NOT be changed	SS ENTITY MUST BE REGIST on the form; an amendment	STERED AND ACTIVE WITH THE ent must be filed to change a ge	S OFFICE. neral partner.
12.	GENERAL P	PARTNER INFORMATION			-
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	L72591 330 BISCAYNE REALTY, 121 ALHAMBRA PLAZA, CORAL GABLES, FL 331	PH I, SUITE 1600			
DOCUMENT / NAME STREET ADDRESS				U0000040 02/02/06-80	069-010 200.00
DOCUMENT /					
NAME STREET ADDRESS CHY-ST-ZIP			s <u> </u>	DO NOT WE	RITE
DOCUMENT #				IN THIS SPA	ACE
STREET ADDRESS CITY-ST-ZIP		_			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP					The state of the s
DOCUMENT / NAME STREET ADDRESS					

SIGNATURE:

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP