APPRUYE.

2002	IINIFORM	<b>BUSINESS</b>	<b>REPORT</b>	/IIRRY
ZUUZ	OMITORIN	<b>DUSINESS</b>	NEPUNI	(UDN)

DOCUMENT # A23596  1. Entity Name					AND . FILED					
ANAMI INVESTMENT, LTD.					02 JUN - 3 AM II: 39					
Principal Place of Business Mailing Address  104 VALENCIA DR 104 VALENCIA DR ISLAMORADA FL 33036 ISLAMORADA FL 330				OR			SECRETAI TALLAHAS	SEE, FL	URIDA	
2. Principal Place of Business 3.			3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			## DUE(BY N	AY 1, 200	2	
City & State				City & State		4. FEI Number	59-2748337		Applied For Not Applicable	
Zip		Country		Zip	Coun	try	5. Certificate of		ЧУ F	8.75 Additional se Required
	6. Name	and Address of	Current Re	egistered Agent		Name	7. Name and A	dress of New R	egistered Ag	ent
JASMIN INVESTMENT CORPORATION 104 VALENCIA DR					Street Address (P.O. Box Number is Not Acceptable)					
	ADA FL 33	036								
						City			FL	Zip Code
8. The above	named entity	y submits this sta	tement for t	he purpose of cha	nging its register	ed office or registe	ered agent, or both,	in the State of Flo	rida.	
SIGNATURE .	Signature, typed	or printed name of regis	stered agent and	title if applicable.	····		· · · · · · · · · · · · · · · · · · ·		DATE	
9. Capital Co as Shown o	ntributions;	101571	96		of Capital Contri	butions — C	<del></del>	11: MAKE(CHEC	K PAYABLE:	TO DEPT: OF STATE
							TERED AND AC	TIVE WITH TH	IS OFFICE.	
12.				NFORMATION	13.	i, diramendine	in made be mea	ADDRESS CHA		
DOCUMENT / M37542  MAME JASMIN INVESTMENT CORP.				STR	EET ADORESS					
STREET ADDRESS	104 VALE	NCIA DR. ADA FL 33031			СІТУ	-ST-ZIP	********	. <b>0600-</b> 06/0-	5 <b>59</b> 3	33531 01012-008
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  SIGNATURE:  SIGNATURE:  305 (64-9255)										
SIGNATURE: SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Dispute Phone #										