2000 UNIFORM	DOSINESS REPU	MI (ODN)	_	
4 Entity Manage	125057	EUED		
BELMONT	PLAZA Shoppi	4 y ante	FILED 00 FEB 15 AM 10: 29	•
			OUTED 13 AH 10. 25	1
Principal Place of Business Mailing Address			SECRETARY OF STATE	
17+ W. Comstock Ave.			TALLAHASSEE, FLORIDA	
5-1+0 111				
WINTER PAUK, Fl. 32789				
Principal Place of Business Address Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State	City & State		4. FEI Number 59 - 253 6833	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired Fee Re	5 Additional equired
6. Name and Address	7. Name and Address of New Registered Agent			
STANLEY ROBERTS Street Address (P.O. Box Number is Not Acceptable) 174 W. Corustock Ave.				
21 40 66		(P.O. Box Number is Not Acceptable)		
174 W. CONSTOCK AS.				
Suite !!!	11/1/ E/ 777	VG City	FL Zip	Code
WINTER	MANK, 11 921	0]		
8. The above named entity submits this			ered agent, or both, in the State of Florida.	
SIGNATURE Signature, typed or plinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE				
9. Capital Gontributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT; OF STATE in FLORIDA to date.				
A GENERAL F	PARTNER THAT IS A BUSINESS EN	ITITY MUST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE.	
	RAL PARTNER INFORMATION	13.	nt must be filed to change a general partner. ADDRESS CHANGES ONLY	
DOCUMENT! ROBERT	(- 1 - 1 - 0 - 1	STREET ADDRESS	74 W. Comstock A.	2. Ste
STREET ADDRESS		CITY-ST-ZIP	WINTER PAKK, FI	32789
DOCUMENT! Kohvin	, philip	STREET ADDRESS	74. W. Comstock A. WINTER PAKK, E-1	ste 111
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	WINTER PAKK, E-1	32759
DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	20000314818: -02/25/0001092	
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		}
14. I hereby certify that the information	supplied with this filing does not qualify fo	r the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that	the information
indicated on this report is true and a	accurate and that my signature shall have to execute this report as required by Chap	the same legal effect as if	made under oath; that I am a General Partner of the limit	ted partnership or
	h		1 ROBERTS 02-9 60 62	(b) (1)
SIGNATURE: //	X	> IANGE)	1700000	-2-272X
SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING GENERAL PARTNER Date Date Daylime Phone •				