2001 UNIFORM	M BUSINESS REPO	~ <b>_</b>	<b>2010807</b>		
DOCUMENT # A25918  1. Entity Name				•	
INTERPATTERN, LTD.			FILED	7	
Principal Place of Business	Mailing Address	<del>.</del>	01 MAR 20 PH 12: 36	()	
10140 VANDERBILT DRIVE 10140 VANDERBILT DRIVE NAPLES FL 33963 NAPLES FL 33963			SECRETARY OF STATE TALLAHASSEE, FLORIDA	•	
1871 223 12 30000	THE ECOTE WOOD		LALLAHASSEE, FLORIDA	1915 <b>818</b> 51 <b>919</b> 11 <b>919</b> 11 91 <b>8</b> 11 19 <b>9</b> 5	
Principal Place of Business     3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		SPACE	
City & State	City & State	<del></del>	4. FEI Number 65-0025948	Applied For Not Applicable	
Zip Country 7 F L	Zip 34108	Country F L	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Addre	ess of Current Registered Agent		7. Name and Address of New Registered	Agent	
ZODDILLA ILIANI C		Name			
ZORRILLA, JUAN C % OLLIE, ST. LOUIS, MACAULANY & ZORRILLA		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
1402 MIAMI CENTER, 201 S. BISCAYNE BLVD.					
MIAMI FL 33130		City	FL	Zip Code	
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.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
9. Capital Contributions as Shown on record. \$9,000.00 in FLORIDA to date.			11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
	ERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ON	LY	
DOCUMENT / J97720  NAME FASHION PATTERN, INC. STREET ADDRESS CITY-ST-ZIP NAPLES FL		STREET ADDRESS		1/00	
		CITY-ST-ZIP	10000033907		
DOCUMENT # NAME		STREET ADDRESS	****160.50	****160.50 S	
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
DOCUMENT NAME		STREET ADDRESS	·		
STREET ADDRESS		CITY-ST-ZIP			
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  GERHARD LUTTERLOH					
SIGNATURE: # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date  D					