4-10-01 863-294-0993 Date Dayline Phone #

DOCUMENT # A27086 1. Entity Name							1	nf	587 A
HOPEWELL LAND PARTNERS, LTD.					FILED				
Principal Place of Business Mailing Address					01 APR 16 PM 12: 04				
250 SECOND WINTER HAVE	STREET SOUTHWEST En FL 33880	POST OFFICE BOX 112 WINTER HAVEN FL 33882 US			SECRETARY OF STATE				
2. Principal F	Place of Business	3. Mailing Address			-{				
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Star	te	City & State			4. FEI Number	59-2946337	-	Applied For Not Applicable	,
Zip	Country	Zip	Соил	itry	5. Certificate of Status Desired See Required Fee Required				
·	6. Name and Address of Current R	egistered Agent		None	7. Name and A	Address of New Regist	ered Agent]_
PARTOW/				Name					
BARTOW MINING, INC. 305 SECURITY				Street Address (P.O. Box Number is Not Acceptable)					
WINTER HAVEN FL 33880]
				City			FL Zip	Code	1
8. The above	named entity submits this statement for	the purpose of changing its re	egistere	ed office or registere	ed agent, or both,	, in the State of Florida.			1
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registere	d Agent signature required	when reinstating)		DATE		
9. Capital Contributions as Shown on record. \$10.00 10. Amount of Capital Contributions in FLORIDA to date				outions		11. MAKE CHECK PAY SEE REVERSE SI]
	A GENERAL PARTNER TH NOTE: General Partners MAY								
12.	GENERAL PARTNER		13.			ADDRESS CHANGE			1_
DOCUMENT # NAME STREET ADDRESS	M99568 Bartow Mining, Inc. 250 Second Street, Southwe	ST.		ET ADDRESS	<u>-</u>				R2E003 (11/00)
CITY-ST-ZIP	WINTER HAVEN FL 33882		CITY	-ST-ZIP		3000408) 1 2 1 2	· · ·	12E00
DOCUMENT # NAME STREET ADDRESS	V01347 ASF ACQUISITION, INC.	· ?T	STRE	ET ADDRESS	Z.,11.	-04/26/01 ****150.	L01061	7028 ************************************	5
City-ST-ZIP	250 SECOND STREET, SOUTHWEST WINTER HAVEN FL 33882		CITY	-ST-ZIP		***************************************			
DOCUMENT /		t to ver	STRE	ET ADDRESS	· · ·	· ·	·	_	
CITY-ST-ZIP			CITY	-'ST-ZIP]
DOCUMENT /			STRE	ET ADDRESS	<u> </u>				
STREET ADDRESS CITY-ST-ZIP		·	CITY	-ST-ZIP		_			
DOCUMENT ≠ * NAME			STRE	ET ADORESS					}
STREET ADDRESS CITY-ST-ZIP		<u> </u>	CITY	-ST-ZIP	<u>.</u>			· · · · · · · · · · · · · · · · · · ·	
DOCUMENT # NAME		للاعائليين إيدا بداء ساءاتها الدهافل	STREE	ET ADDRESS	د رو پیهاؤد مودائی	practice many in the contract			
STREET ADDRESS CITY-ST-ZIP	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>	ST-ZIP			<u>.</u>		
 I hereby of indicated the receiver 	ertify that the information supplied with the on this report is true and accurate and the er or trustee empowered to execute this in the content of the cont	his filing does not qualify for the at my signature shall have the eport as required by Chapter	ne exer e same 620, F	nption stated in Sec legal effect as if ma iorida Statutes	ction 119.07(3)(i), ade under oath; ti	Florida Statutes. I furthe hat I am a General Partr	er certify that t ner of the limit	the information ed partnership or	