2002	UNIFORM	BUSINESS	REPORT	(UBR)
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DOCUI	MENT# Ã28 62	0				·		
8585 SUNSET, LTD.					FILED			
					2002 FEB 25 PM 3: 22			
Principal Place of Business Mailing Address					[]	V. JON OF CORPOR	TIONS	
8585 SUNSET DRIVE 8585 SUNSET DRIVE WEST ATRIVM WEST ATRIVM			DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA			RIDA PRIDA		
MIAMI FL 33143 MIAMI FL 33143				L LEBORIA DARA KRAN LERKA BIYAR DIANG KRAN BIRAN B				
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.								
					DUE BY MAY 1, 2002 4. FEI Number Applied For			
City & State	0 	City & State			4. FEI Number	NOT APPLICABLE	- Not-Applicable	
.Zip		- Zip بيدرون يحد	Coun	try 🛼 = , —.	5. Certificate of		8.75 Additional ee Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New Registered A	gent	
RADAJO,	INC.			Name Street Address (P.O. Box Number is Not Acceptable)				
8585 SUN				Street Address ((F.O. BOX NUMBER	is Not Acceptable)		
WEST ATRIUM MIAMI FL 33143								
				City FL Zip Code				
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistere	ed office or registe	red agent, or both,	in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.			. (80)	DATE		
9. Capital Co		10. Amount of Capital		outions		11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR		
as Showing	A GENERAL PARTNER 1	THAT IS A BUSINESS ENT	ITY M	UST BE REGIS	TERED AND AC	TIVE WITH THIS OFFICE		
12.	NOTE: General Partners MA GENERAL PARTNER		e form	; an amenome	nt must be tiled	ADDRESS CHANGES ONL		
DOCUMENT #	K97877		STRE	ET ADDRESS			{	
NAME STREET ADDRESS CITY-ST-ZIP	RADAJO, INC. 8585 SUNSET DR.W. ATRIUM MIAMI FL			-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				
indicated	certify that the information supplied with don this report is true and accurate and ver or trustee empowered to execute th	that my signature shall have th	he sami	e legaï effect as if r	ection 119.07(3)(i), made under oath; t	Florida Statutes. I further certi hat I am a General Partner of t	fy that the information he limited partnership or	

Date

Daytime Phone #