UN			33 KEPURI	(U	DN)				٤	
1. Entity Nam		A30555 MINISTRATION L						د الم	2	
Principal Place of Business			Mailing Address 3260 UNIVERSITY BLVDSUITE 210 WINTER PARK FL 32702 743		,	S Jein JAR TA TEATTAS	PM 1:42 Y Or of AGE SEE, FEORID			
3300 (Place of Business. UNIVERSIT	ty Blvd	3300 Univer	rsity	BIVE	<u> </u>			. <u> </u>	
Swite, Attec. 21 8			Simile 218				DUE BY MAY 1, 2003			
WinHer Park, FL			City & State Park, F			4. FEI Numb	er 59-3039279		Applied For Not Applicable	
327	72 Coult	LSA	zi32792	Country	ΑŽ	5. Certificate	of Status Desired		8.75 Additional ee Required	
		dress of Current R	tegistered Agent		iame	7. Name and	Address of New R	egistered Ag	jent	
Haddock, Edward E., Jr. 3280 University Blyd . S uite 210 Wi nter Park Fl 32792					5300° Chriberisitepasivd. Suite 218					
WANTER FARINTE GETSE					WinterPark FL 32792					
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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE -	Signature, typed or printed na	arne of registered agent an	id title if applicable.			<u> </u>		DATE		
9. Capital Contributions as Shown on record. \$500.00 In Amount of Capital Cont in FLORIDA to date.					ons				O FL. DEPT. OF STATE FEE INFORMATION	
			AT IS A BUSINESS ENTI NOT be changed on the						ier.	
12.	F 98400	NERAL PARTNER	INFORMATION	13.		-	ADDRESS CHA	NGES ONLY		
DOCUMENT # NAME	HADDOCK ASSO		ORATED		DDRESS .	<u>3300 (</u>	Lniversi	ty B	vd, Swte28	
STREET ADDRESS CITY-ST-ZIP	3200 UNIVERSITY WINTER PARK FL	DEVL# 10U		CITY-ST-	ZIP (unter	ark, t	FL 3	32792 8	
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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 flue 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										
16/10/2 407-1-79-1-17										
SIGNAT	URE: Vic	ATURE AND TYPED OR P	RINTED NAME OF SIGNING GENERAL I			שנטוןי	Date	Davi	ime Phone #	