SIGNATURE:

DOCUMENT # A31017 1. Entity Name					FILED
STOLL FAMILY LIMITED PARTNERSHIP NUMBER TWO					
	,				00 JAN 10 AM 9: 06
•	ce of Business FEDERAL HIGHWAY. SUITE 307 N FL 33432	Mailing Address 980 NORTH FEDERAL HIGHWAY. SUITE 307 BOCA RATON FL 33432-2704		Suite 307	SECRETARY OF STATE TALLAHASSEE. FLORIDA
2. Principal P	Place of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State		City & State			4. FEI Number 65-0232616 Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name -	7. Name and Address of New Registered Agent
STOLL, CHARLES S 980 NORTH FEDERAL HIGHWAY, SUITE 307					ss (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33432				ļ	
			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 a	nd title if applicable (NOTE	Registara	d Agent signature rec	quired when reinstating) DATE
9. Capital Co	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
	A GENERAL PARTNER T	HAT IS A BUSINESS EN	TITY M	UST BE REG	ISTERED AND ACTIVE WITH THIS OFFICE. nent must be filed to change a general partner.
12.	GENERAL PARTNER		13.	, an amenan	ADDRESS CHANGES ONLY
DOCUMENT#	STOLL, CHARLES S 980 N. FED HWY., #307 BOCA RATON FL		STRE	ET ADORESS	
NAME STREET ADDRESS City-St-Zip			СПҮ	-ST-ZIP	7000030999273
DOCUMENT #			STRE	ET ADDRESS	-01/14/0001104023 ****311.27 ****311.27
STREET ADDRESS CITY - ST - ZIP	s		СПУ	- ST-ZIP	
DOCUMENT#				ET ADDRESS	
STREET ADDRESS CITY - ST - ZIP			СПҮ	- ST - ZIP	
DOCUMENT# NAME			STR	ET ADDRESS	
STREET ADDRESS CITY - ST - ZIP	SS			-ST-ZEP	
DOCUMENT# NAME				ET ADDRESS	
STREET ADDRESS City-St-Zip*			СПУ	-ST-ZIP	
DOCUMENT /				ET ADDRESS	
NAME STREET ADDRESS TY-ST-ZIP	ESS			-ST-ZIP	
4. 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					

(1) 2/7-9111

Daytime Phone #