DOCU	MENT	# A314	34				٨,	0016539
	R I ASSOCIA	TES LTD				erreki d		₽
74101101	11710000	ilio, Elo.					LED	
Principal Place of Business 50 SOUTH MERIDIAN STREET, SUITE 202 50 SOUTH MERIDIANAPOLIS IN 46204 INDIANAPOLIS IN 16204				DIAN STREET, SUITE 202		RET	N 31 AM II: 08 U	
2. Principal	Place of Busin	ess	3. Mailing Address				-	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State			City & State			•	4. FEI Number 35-1747465 Applied For Not Applicable	
Žip	Zip Country		Zip	Countr		•	5. Certificate of Status Desired	
	6. Name	and Address of Currer	nt Registered Agent		Madia.		7. Name and Address of New Registered Agent	
C T CORE	PORATION S	YSTEM	-		Name			
1200 S. PINE ISLAND ROAD					Street Ad	dress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324					-			
					City		FL Zip Code	
8. The above	e named entity	submits this statement	for the purpose of changing	its registere	ed office or r	egister	red agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed	or printed name of registered age	ont and title if applicable. (N	IOTE: Registered	d Agent signature	e required	when reinstating) DATE	
9. Capital Co	ontributions	\$100.00	10. Amount of Ca	pital Contrib			11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as Shown	on record.	<u> </u>	in FLORIDA to		UST BE R	EGIS1	SEE REVERSE SIDE FOR FEE INFORMATION FERED AND ACTIVE WITH THIS OFFICE.	
12.	NOTE:		MAY NOT be changed or ER INFORMATION	the form	; an amen	dmen	at must be filed to change a general partner. ADDRESS CHANGES ONLY	
DOCUMENT #		GENERAL FARTN	EN INFONVIATION		ET ADDRESS			1/00
NAME Street Address	50 S MERII	MICHAEL D. DIAN ST #202			-ST-ZIP			こ
CITY-ST-ZIP * DOCUMENT #	INDIANAPO	ILIS IN 46204						CR2E003
NAME	OST, FRED A., JR. 50 S MERIDIAN ST #202 INDIANAPOLIS IN 46204			STRE	ET AODRESS		minor of the state of	Ö
STREET ADDRESS CITY-ST-ZIP				CITY	ST-ZIP		The state of the s	
DOCUMENT # MONTRIE, WILLIAM L.					ET ADDRESS	-	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP	TADDRESS 50 S MERIDIAN ST #202			СІТУ	ST-ZIP			
DOCUMENT #	I I I I I I I I I I I I I I I I I I I	20 11 10201		STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			•	СІТҮ-	ST-Z/P		·	
DOCUMENT #				STRE	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP			
DOCUMENT # .				STREE	T ADDRESS		·	
STREET ADDRESS CITY-ST-ZIP					ST-ZIP			
14. I hereby i	certify that the	information supplied wi	th this filing does not qualify	for the exer	nption state legal effect	d in See as if m	ction 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership or	
indicated the receiv	er or trustee	empowered to execute t	his report as required by Cha	aptel 620 F	lorida Statul	es -		
indicated the receiv		empowered to execute t	his report as required by Cha	aptel 620 F	lorida St atul	es -		