DOCUMENT # A31576  1. Entity Name				FILED	
CHOCTAW PLAZA, LTD.					
				00 APR -5 PM 2:51	
Principal Place of Business Mailing Address				SECRETARY OF STATE	
151 REGIONS WAY 151 REGIONS WAY				TALLAHASSEE, FLORIDA	
BLDG 1 STE B BLDG 1 STE B  DESTIN FL 32541 DESTIN FL 32541-5106					
DEOMIN TE GE					
Principal Place of Business     3. Mailing Address			· ·		
		Suite, Apt. #, etc.	s way	DO NOT WRITE IN THIS SPACE	
Building 5, Suite D Bu		Building 5	, Surte D		
Destin FL		City & State J Destin, FC		4. FEI Number Applied For Not Applicable	
Zip Country		Zip	Country	5 Cortificate of Status Desired \$8.75 Additional	
		32541	<del></del>	7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent				7. Halife and Address of New Hegistered Agent	
SCOTT, LARRY				ess (P.O. Box Number is Not Acceptable)	
151 REGIONS WAY			151 Regions Way		
BLDG 1 STE B				Building 5, Suite D	
DESTIN FL 32541			City De	Stin FL Zip Code 1	
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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
9. Capital Contributions 41 200 000 00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE					
as Shown on record. 91,200,000-00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12.	GENERAL PARTNER	RINFORMATION	13.	ADDRESS CHANGES ONLY	
DOCUMENT# NAME	424043 SCOTT STEEL, INC.		STREET ADDRESS	151 Regions Way, Building S, Suith D	
STREET ADDRESS City-St-Zip	99 RACETRACK ROAD, #300 FT. WALTON BEACH FL 32547		CITY-ST-ZIP ~	Destin, FC 32541	
DOCUMENT#			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP	5000022220251	
C(TY-ST-ZIP DOCUMENT #				5000032230851 04/25/0001062021_ ****526.25 *****526.25	
NAME STREET ADDRESS			STREET ADDRESS	*****525.25 *****525.25	
CITY-ST-ZIP			CITY+ST-Z\$P		
DOCUMENT# NAME			STREET ADDRESS		
STREET ADDRESS CITY - ST - ZIP			CITY-ST-ZIP		
DOCUMENT#	<u> </u>		STREET ADDRESS		
NAME 3			STHEET ADUKESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT#		-	STREET ADDRESS		
NAME STREET ADDRESS					
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	1.0 C 440 07(0V) Florid Co. 1. (4 4 27 9 49 14 14	
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 true and focur te 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 emprovement of a security of as required by Chanter 620. Florida Statutes.					

43/00