SIGNATURE:

DOCUMENT# A32080		f* n - * c.		
DGG ROCKLEDGE VENTURERS, LTD.		SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address 3848 WEST 16TH AVENUE 3848 WEST 16TH HIALEAH FL 33012 HIALEAH FL 3301:		OD APR 19 AHII: 4	3 m/	
3642 W 16 AVE 3642	12 W 16 AVE 3642 W 16 AVE		DO NOT WRITE IN THIS SPACE	
City & State  City & State  City & State  Country  City & State  City & State  Country  Zip  Country	Country	4. FEI Number 65-0286222	Applied For Not Applicable  \$8.75 Additional	
53013 - 3301 6. Name and Address of Current Registered Agent	<b>J</b>		Fee Required	
BIRNBAUM, MARC P.A. 20801 BISCAYNE BOULEVARD, SUITE 400 MIAMI FL 33180	1031 I	(P.O. Box Number is Not Acceptable)  US Darry Rad S  Mid Mir FL	20110756 Zip Code 33174	
The above named entity submits this statement for the purpose of changes in the purpose of chang	ging its registered office or registe  (NOTE. Registered Agent signature require			
Capital Contributions as Shown on record.  \$562,089.83  10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO	R FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINE NOTE: General Partners MAY NOT be changed	d on the form; an amendmer	nt must be filed to change a general part	tner.	
2. GENERAL PARTNER INFORMATION DOCUMENT / S86111	13.	ADDRESS CHANGES ONL	<u>.Y</u>	
INC.  3848 WEST 16TH AVENUE HIALEAH FL 33012	STREET ADDRESS 3	842 W. 16 A	3017	
OCCUMENT #	STREET ADDRESS			
TREET ADDRESS	CITY-ST-ZIP	3000000414	4-2	
OCUMENT #	STREET ADDRESS	<b>70003241</b> 4 -05/05/0001 ****526-25	1094005	
treet address ( ry - St - Zip	CITY-ST-ZIP			
OCUMENT#	STREET ADDRESS			
ITREET ADDRESS ITY - ST - ZIP	CITY - ST - ZIP			
CTIMENT#	STREET ADDRESS			
STREET ADDRESS STY'-SI-ZIP	CFTY - ST - ZIP		,	
OCUMENT#	STREET ADDRESS			
STREET ADDRESS SITY - ST-ZIP	CITY - ST - ZIP			
4. I hereby certify that the information supplied with this filing does not quindicated on this report is true and accurate and that my signature shat the receiver or trustee empowered to execute this report as required be accurate. Q.G. C. ASSOCIME, IVC	Ill have the same legal effect as if r y Chapter 620, Florida Statutes	ection 119.07(3)(i), Florida Statutes. I further cer made under oath; that I am a General Partner of	ify that the information the limited partnership or	
SIGNATURE: WOLLD SIGNATURE AND TYPES OR PRINTED NAME OF SIGNIM	UIRED G GENERAL PARTNER	3/14/00 30.5 Date	362 - 4512 ayrime Phone *	
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