DOCUMENT # A33094

1. Entity Name

FLORIDA ARBOR INVESTMENTS, LTD.



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S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The Above named entry submits the statement for the purpose of changing its registered office or registered agent, or born, in the State of Forida. I am tamiliar with, and acceptable or degistered agent, or born, in the State of Forida. I am tamiliar with, and acceptable or degistered agent. See Address (P.O. Box Number is Not Acceptable) 8. The above named entry submits the statement for the purpose of changing its registered office or registered agent, or born, in the State of Forida. I am tamiliar with, and acceptable or degistered agent. See Agents in the Children of Capital Contributions in FLORIDA to date. 9. Capital Contributions as Shown on record: 9. A GENERAL PARTINERTHAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. MAKE CHICK PAYABLE TO FL. DEPT. OF STATE ACCEPTAGE. See ARCHES SIDE FOR FEE INFORMATION. 12. GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 12. GENERAL PARTINER INFORMATION. 13. ADDITIONAL OF ACCEPTAGE SORILY. 14. ORDINAL PAYABLE TO FL. DEPT. OF STATE ACCEPTAGE. STATE ACCEPTAGE. SORILY. 15. GENERAL PARTINER INFORMATION. 15. SIRET ADDRESS. 16. ORDINAL PAYABLE TO FL. DEPT. OF STATE ACCEPTAGE. STATE ACCEPTAGE. SORILY. 17. GENERAL PARTINER INFORMATION. 18. SIRET ADDRESS. 19. CAPITAGE. SORILY. 19. CAPIT	City & State City & State				······		4. FEI Number 59-3129092 Applied F		
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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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-4-03 904-693-9965