DOCL	JMENT # A9200	0000127			Š			
1. Enlity Name					<u> </u>			
MH, LTD.					FILED			
Principal Pla		01	APR 23 AM 10: 31					
1180 SPRING CENTRE SOUTH BLVD. 1180 SPRING CENTRE SOUTH			th BLVD.	050	,			
SUITE 211 SUITE 211 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714			2714	ZEC TALL	RETARY OF STATE AHASSEE ELARIDA			
		· · · · · ·						
2. Principal I	IONAL PK	wst.		ALL Ga nià Br un Ga nia Br uh	manan nemen ânan taan taan			
Suite, Apt	84		DO NOT WRITE IN THIS SPACE					
City & State FATHROW FL HEATHROW					4. FEI Number 59-3152	443	Applied For Not Applicable	
Zip 3	2746 Country USA	zip 32746	Country	1	5. Certificate of Status Desir		8.75 Additional	
	6. Name and Address of Current	Registered Agent		<u>*</u>	7. Name and Address of N		· · · · · · · · · · · · · · · · · · ·	
11150101010	/ TENNU 14		NSKY TERRY M.					
LUBINSKY, TERRY M 1180 SPRING CENRE SOUTH BLVD.				Street Address TP.Q. Box Number is Not Acceptable.				
SUITE 211				Suite 184				
<u> </u>							Zip Co 2746	
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 (Jesseffechensky 4-16-01								
9. Capital Contributions 10. Amount of Capital Contri				nature required when reinstating) DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE				
as Shown on record. \$100.00 in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUS					SEE REVERSE SIDE FOR FEE INFORMATION REGISTERED AND ACTIVE WITH THIS OFFICE			
	NOTE: General Partners MA	Y NOT be changed on the	form; an ame	ndment	must be filed to change	a general partne	∍r.	
12.	GENERAL PARTNER	INFORMATION	13.		ADDRESS	CHANGES ONLY	- 1 a./ g	
NAME	LUBINSKY, TERRY M		STREET ADDRESS	300	INTERNATION	AL PRWY	- #184	
STREET ADDRESS CITY-ST-ZIP	1180 SPRING CENTRE SOUTH BU ALTAMONTE SPRINGS FL 32714	VD., SUITE 211	CITY-ST-ZIP		EATHROW		1- #184 (1/00) 1.746 (2/1/00)	
DOCUMENT #	,	,	STREET ADDRESS	20	O INTERNI	1. trans	DVIII HIE	
NAME STREET ADDRESS	CANNON, FRANK J 1180 SPRING CENTRE SOUTH BL	VD SHITE 211	0.50	11	- LUG L	ri one	1 Reg 470	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	.+D., OONL 211	CITY-ST-ZIP	H	EATHROW !	FL 30	1746	
DOCUMENT # NAME	·	_ :	STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		2000,0	141638	3626 005012 *****141,25	
DOCUMENT #			STREET ADDRESS		**	**141.25	****141.25	
STREET ADDRESS			CITY-ST-ZIP					
CITY-ST-ZIP DOCUMENT #			CYPET ADDRESS		· · · · · · · · · · · · · · · · · · ·			
name´ Street address (STREET ADDRESS		4-			
CITY-ST-ZIP			CITY-ST-ZIP		·			
Document 🚁 🕴 Name			STREET ADORESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		1 			
14. I hereby o	ertify that the information supplied with t	his filing does not qualify for the	e exemption stat	ed in Sec	tion 119.07(3)(i), Florida Statut	es. I further certify	that the information	
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 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								

476-01 407 8048949

Date Daytime Phone #