| 2002 | 2 UNIFO | DRM BUSII | NESSÆFF(| RT | (UBR) | | |
|--|--|-----------------------------------|--|----------------|---|--|--|
| DOCUMENT # A9300000104 1. Entity Name | | | | | | | |
| PAR PA | Artners, LTD. | | | | | FILED | |
| Principal Place of Business 14255 US HWY. 1. #232 JUNO BEACH FL 33408 | | | Mailing Address 14255 U\$ HWY. 1. #232 JUNO BEACH FL 33408 | | | May 08, 2002 8:00 A Secretary of State | |
| 2. Principal Place of Business 3. Mailing | | | 3. Mailing Address | ailing Address | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | DUE BY MAY 1, 2002 | |
| City & State | | | City & State | | | 4. FEI Number | |
| Zip Country | | Country | Zip | Country | | 5. Certificate of Status Desired See Required | |
| | 6. Name and | Address of Current Re | egistered Agent | | | 7. Name and Address of New Registered Agent | |
| AMMARELL, ROBERT | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | |
| 14255 US HWY. 1, #232 JUNO BEACH FL 33408 | | | | | · / | | |
| JUNU DE | EACH FL 33408 | | | | City | FL Zip Code | |
| 8. The above | named entity sub | omits this statement for t | he nurgose of changing its | s register | red office or regis | stered agent, or both, in the State of Florida. | |
| | | | no porpose or changing in | | | | |
| SIGNATURE | Signature, typed or prin | nted name of registered agent and | title if applicable. | | | DATE | |
| 9. Capital Contributions as Shown on record. \$5,975,000.00 In FLORIDA to date | | | | | ibutions | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | |
| | | | | | | iSTERED AND ACTIVE WITH THIS OFFICE. nent must be filed to change a general partner. | |
| 12. | | GENERAL PARTNER I | | 13. | | ADDRESS CHANGES ONLY | |
| DOCUMENT # NAME STREET ADDRESS | P9300005348 AMMARELL INVESTMENTS, INC. 14255 US HWY. 1, #232 JUNE BEACH FL 33408 | | STR | LEET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY | Y-ST-ZIP | 4000056004944 | | |
| DOCUMENT # NAME | | | | STR | EET ADDRESS | 95/23/92 01969 025 ****526.25 ****526.25 | |
| STREET ADDRESS CITY-ST-ZIP | | | | CITY | Y-ST-ZIP | , | |
| DOCUMENT# NAME | **** | | * <u>.</u> | ≘ : STR | EET ADDRESS | - promise services and the services and the services are services are services and the services are servic | |
| STREET ADDRESS CITY-ST-ZIP | | | | CITY | Y-ST-ZIP | | |
| DOCUMENT ≠ NAME | | | • | STR | EET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | į | | | CITY | Y-ST-ZIP | | |
| DOCUMENT # NAME | .' | | | STR | EET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | | | CITY | r-ST-ZIP | | |
| DOCUME! NAME | | | | STR | EET ADDRESS | | |
| STREET AISURESS CITY-ST-ZIP | | | | СІТУ | r-ST-ZIP | | |
| 14. I hereby o | certify that the info | rmation supplied with th | is filing does not qualify fo | r the eve | mntion stated in | Section 119 07(3)(i) Florida Statutes I further certify that the information | |

SIGNATURE: .