Principal Pla	ce of Business	Mailing Address		TAPLADAGE: LEGUINA
-7826-COOPE	ELBD	#826-COOPER RD		
CINGINNATI	OH 45242	CINCINNATI OH 45242		
	Place of Business	3. Mailing Address		
Wore at lakeland Sovere Grove at lakel			Jeland Savor	
Suite, Apt. #, etc. 3510 U.S. Hwy 98 N. 3510 U.S. Hwy			_ '	DUE BY MAY 1, 2002
lakland Florida lakiland.			Florida	4. FEI Number 65-0477611 Applied For Not Applicable
21p Country 32809		Country V.S.A.	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
MCGRATH, GREGORY			Your cap	Realty Services Group, Inc.
4561 GULF OF MEXICO DR., #101			COVOVE	(P.O. Box Number is Not Acceptable)
-TONGBOAT KEY EF 34358			3570 1	1.5. Hww 98 N.
			900 0 12 1	and FL Zincode 09
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 Mark J Wilson VP Mark L. Wilson, VP 3/15/02 Signature, typed or printed name of registered agent and title if applicable.				
9. Capital Contributions as Shown on record. \$99.00 In FLORIDA to date				11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
	A GENERAL PARTNE	R THAT IS A BUSINESS EN	TITY MUST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendation 12. GENERAL PARTNER INFORMATION 13.				ADDRESS CHANGES ONLY
DOCUMENT #	P94000023604		T 7	ADDITION OF TANGES ONE!
NAME	LITTLE BEAR ACQUISITION,	INC.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	7826 COOPER RD CINCINNATI OH 45242		CITY-ST-ZIP	
DOCUMENT #	OHOLING HIS TOP		STREET ADDRESS	0000051837508
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	****150.00 ****150.00
DOCUMENT # NAME			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT#			STREET ADDRESS	
NAME STREET ADDRESS				
	i e			
CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT,*			CITY-ST-ZIP STREET ADDRESS	
DOCUMENT IN NAME STREET ADDRESS				
DOCUMENT.			STREET ADDRESS	
DOCUMENT, NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	
DOCUMENT, NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT			STREET ADDRESS CITY-ST-ZIP	

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

CUPUPMACK L. Wilson, NP 3/15/02