UNIFUNI	DUSINESS NEPU
DOCUMENT #	A9400001054

1. Entity Name HILER FAMILY LIMITED PARTNERSHIP

2. Principal Place of Business 9991 SW 127th TERRACE



Principal Place of Business 28 SW 26TH ROAD MIAMI FL 33129.

Suite, Apt. #, etc.

Mailing Address 28 SW 26TH ROAD MIAMI FL 33129

Suite, Apt. #, etc.

3. Mailing Address 9991 SW 127th TERRACE

03 APR -9 PM 3: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA



**DUE BY MAY 1, 2003** 

City & State			City & State	City & State			4. FEI Number 65-0505655			Applied For	
MÍAMI, FL		MIAMI, FL	MIAMI, FL						Not Applicable		
Zip 33176-	-4833	Country	<sup>Zip</sup> 33 <b>17</b> 6–4833	Country		5. Certificate o	f Status Desired		<b>8.75</b> ee Req	Additional juired	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
PERLIN, BRIAN C					Name						
334 MINORCA AVE.					Street Address (P.O. Box Number is Not Acceptable)						
SUITE 200											
CORAL GABLES FL 33134					City	Zip Code					
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE											
		or printed name of registered agent	1		<del></del>			DATE			
9. Capital Contributions as Shown on record. \$100,000.00 in FLORIDA to date.					\$100,000.00 11. MAKE CHECK PAYABLE TO FL. DEPT. OF S' SEE REVERSE SIDE FOR FEE INFORMATIO						
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.											
12.		GENERAL PARTNE	R INFORMATION	13.	<u></u>		ADDRESS CHA	NGES ONL	Υ		
DOCUMENT #	P9400004	1866									
NAME	HILER CORPORATION TADDRESS 28 SW 26TH RD.			STR	EET ADDRESS	9991 SW 127th TERRACE					
STREET ADDRESS											
CITY-ST-ZIP				CITY	-ST-ZIP	MIAMI, FL 33176-4833					
DOCUMENT # NAME		-		STRE	ET ADDRESS	,					
STREET ADDRESS CITY-ST-ZIP		•		CITY	-ST-ZIP	B THE B STATE OF					
DOCUMENT #				_		##\$26.25					
NAME		-		STRE	ET ADDRESS						
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NAME STREET ADDRESS						<u> </u>					
CITY-ST-ZIP		·		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 Lam a General Partner of the limited partnership or											

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Xalen UIR Dessie Mae Hiler

4/3/03

(305) 378-5793

CR2E003 (10/02)