2001	LINIEGEM	BUSINESS	DEDODT	/HRD
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DOCUMENT # A9400001301 1. Entity Name					The Market Market Control of the Con			
SOUTHRING S.C. COMPANY, LTD.					FILED			
Principal Place of Business Mailing Address					01 APR -6 PM 1:59			
	anagement-compan y 20 -	COMPA	SECRETARY OF STATE TALLAHASSEE FLORIDA				7 33 4 14 444 31011 4610 1 11 8 1 1 46 1	
2. Principal Place of Business 3. Mailing Address 21301 ta vertice RC 3. Mailing Address					—			
Suite Apt	#, etc. 312			DO NOT WRITE IN THIS SPACE				
-City & Sta	ARatin, FL		· · · · · · · · · · · · · · · · · · ·	4. FEI Number 65-0522489 Applied For Not Applicable				
<u>33</u> 42	3 Country US	Zip	Cour	ntry	5. Certificate of	of Status Desired		8.75 Additional ee Required
	6. Name and Address of Current R	egistered Agent	··	Name	7. Name and A	Address of New Re	gistered Ag	ent
CLIFFORD	L. WALTERS			Street Address (P.O. Box Number is Not Acceptable)				
	STREET WEST							
BRADENT	ON FL 34205			City	FL Zip Code			
8. The above	e named entity submits this statement for t	the purpose of changing its	register	ed office or register	ed agent, or both	, in the State of Flor	ida.	
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	: Registere	d Agent signature required	when reinstating)		DATE	
9. Capital Co as Shown	ontributions \$200,000.00	10. Amount of Capita in FLORIDA to da		butions				O DEPT. OF STATE FEE INFORMATION
	A GENERAL PARTNER TH NOTE: General Partners MAY							er .
12.	GENERAL PARTNER I		13.	,		ADDRESS CHA		
DOCUMENT / NAME	FINT 4 625950		STRE	ET ADORESS	m.s			
STREET ADORESS CITY-ST-ZIP	1733 W. FLETCHER AVE. TAMPA FL 33612		CITY	-ST-ZIP				
DOCUMENT #	G66830 NORTAM CORPORATION		STRE	ET ADDRESS		ጥጥጥ ት	డర్.డిస్	****526.25
STREET ADDRESS CITY-ST-ZIP	60 EAST 42ND STREET, 55TH FLOOR NEW YORK NY 10165			-ST-ZiP		,		
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STREET ADISPESS CITY-ST-ZIP			CITY	ST-ZiP				
14. I hereby of indicated the receiv	certify that the information supplied with the on this report is true and accurate and the error trustee empowered to execute this record trustee.	is filing does not qualify for at my signature shall have the eport as required by Chapte	the exer ne same er 620, F	mption stated in Se legal effect as if m florida Statutes	ction 119.07(3)(i), ade under oath; t	Florida Statutes. I f hat I am a General	urther certify Partner of the	that the information e limited partnership of
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTINER Date Dat								
	GRANI ONE AND I THEN UK PH	INME OF STURING GENERAL	. raninel	••		Date	Daytii	me Phone #