Due By May 1, 2006 DOCUMENT # A9400001565 1. Entity Name PUBWINT LIMITED PARTNERSHIP		Feb 07, 2006 08:00 A Secretary of State
Principal Place of Business Mailing Address C/O DELTA EQUITIES C/O DELTA EQUITIES 275 MADISON AVENUE, 30TH FLOOR 275 MADISON AVENUE, 30TH NEW YORK, NY 10016 NEW YORK, NY 10016		
DO NOT WRITE IN THIS SPA	NCE .	01102006 No Chg-LP CR2E003 (11/05) 4. FEI Number Applied For 13-3790240 Not Applicab 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		·
HOUSTON, CLARENCE H JR. 200 W. FORSYTH STREET JACKSONVILLE, FL 32202		DO NOT WRITE IN THIS SPACE
 The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. 	ered office or register	ed agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE - Signature, typed or printed name of registered agent and title it applicable.		U00000424259 02/18/06-80041-010 500.00
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the for	MUST BE REGIST m; an amendmen	ERED AND ACTIVE WITH THIS OFFICE. t must be filed to change a general partner.
12. GENERAL PARTNER INFORMATION DOCUMENT / P94000053219 NAME PUBWINT REALTY CORP. STRET ADDRESS 275 MADISON AVE., 30TH FLOOR CITY-ST-ZIP NEW YORK, NY 10016 DOCUMENT / NAME STRET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STRET ADDRESS STRET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STRET ADDRESS STRET ADDRESS STRET ADDRESS		DO NOT WRITE
STRET ADDRESS GITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS GITY - ST - ZIP		IN THIS SPACE
DOCUMENT / NAME STREET ADDRESS CITY #ST-ZIP		· · · · · · · · · · · · · · · · · · ·
DOCUMENT # NAMEN STREET ADDRESS CITY-ST-ZIF		ಕೆಗಳು ಸಂಸ್ಥೆ ಸ್ಪೇನ್ಸ್ ಸಾಂಕ್ರೆಯಿಯಿಂದ ಮಾಡಿದ್ದರೆ ಮಾಡಿದ್ದರೆ ಸ್ಥಾನಿಕ ಸಂಸಂಸಂಧ್ಯಕ್ಷಿ ಸಂಸಂಸ್ಥೆ ಕೈಸಿಸುವುದು ಸ್ಥೇಖಿಸಿದ್ದರೆ ಸಂಸ್ಥೆ ಸಂಸ್ಥೆ ಸಾಹಿತಿ 1977ರ - ಸಂಸ್ಥೆ ಸಂಸ್ಥ ಸಂಸ್ಥೆ ಸಂಸ್ಥೆ
14. I pereby certify that the information supplied with this filing does not qualify for the indicated on this report is true and accurate and that my signature shall have the sar or the receiver or trustee empowered to execute this report as required by Chapter 6	exemptions contained ne legal effect as if m 320, Florida Statutes	
SIGNATURE:MMT Ball. Ellott Ford) B.	I Rolling Com GP Reswint UP