Applied For

\$8.75 Additional

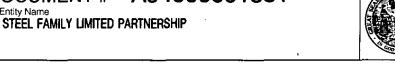
Fee Required

Not Applicable

03 MAR 28 AM 9:27

OITH OITH	DOGINEOU HEI
OCUMENT #	A94000001581

DC 1. Entity Name



Principal Place of Business 1780 WEST 79TH STREET HIALEAH FL 33014

Mailing Address 1780 WEST 79TH STREET HIALEAH FL 33014

<i>i</i>		•
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip

DUE BY MAY 1, 2003

65-0587271

7. Name and Address of New Registered Agent

		<u> </u>	
6.	Name and Address of Current	Registered Agent	

Name

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

5. Certificate of Status Desired

1780 WEST 79TH STREET HIALEAH FL 33014

City

Zip Code

8. The above named entity submits this statement for the	purpose of changing its registere	ed office or registered agent, of	or both, in the State of Florida.	I am familiar with,	and accept
the obligations of registered agent.					

Country

SIGNATURE

as Shown on record.

Zip

STEEL, IRENE

9. Capital Contributions \$1,000,000.00

Country

in FLORIDA to date.

10. Amount of Capital Contributions 348.500

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME	Steel, irene	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	1780 WEST 79TH STREET HIALEAH FL 33014	CITY-ST-ZIP	400014856854 03/28/0301010012 **526,25
DOCUMENT / NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT / NAME		Street address	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	·
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	``
DOCUMENT # NAME		STREET AODRESS	·
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT / NAME		STREET ADDRESS	
STREET ADDRESS 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 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

SIGNATURE: