2001	UNICORM	<b>BUSINESS</b>	<b>DEDODT</b>	/HRD
<b>2</b> 00 i	UNITURM	DA3IME32	REPURI	(UDR

					· · · · · · ·	_		
DOCUMENT # A9400001604  1. Entity Name							<i>,</i>	
					FILED	/	$\gamma$	
Principal Place of Business  5555 WOODBINE ROAD  PACE FL 32571		•		FEB -7 AM 11: 47 RETARY OF STATE AHASSEE, FLORIDA				
2. Principal Place of Business 3.		3. Mailing Address		:		44		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & Star	te	<u></u>	City & State		4. FEI Number 59-3279270		Applied For Not Applicable	
Zip		Country	Zip Country		5. Certificate of Status Desired		88.75 Additional ee Required	
	6. Name	and Address of Current I	Registered Agent			7. Name and Address of New F	egistered A	gent
			<del></del>		Name			
COOK, HIRAM J JR 5555 WOODBINE ROAD				Street Address (P.O. Box Number is Not Acceptable)				
PACE FL								
TAGE (E GEGY)				City FL Zip Code				
8. The above	e named entit	y submits this statement for	the purpose of changing its	registere	ed office or register	ed agent, or both, in the State of Flo	orida.	1
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTI	£: Registere	d Agent signature required	when reinstating)	DATE	
9. Capital Co as Shown		\$750,000.00	10. Amount of Capita		outions			O DEPT. OF STATE FEE INFORMATION
						ERED AND ACTIVE WITH THI		
12.	NOTE	GENERAL PARTNER		ne torm 13.	; an amendmen	t must be filed to change a ge ADDRESS CHA		
DOCUMENT #	1	GENERAL FARTINER	INFORMATION	_		ADDRESS STR	MINGES CIVE	
	COOK, HIF	RAM J JR		STRE	ET ADDRESS			
			CITY	-ST-ZIP	500003	677I	0951 1080005	
DOCUMENT #	DANIELS.	CHARLES E		STRE	ET ADDRESS		26.25	****526.25
		By Jones Drive	,	CITY	-ST-ZIP			
DOCUMENT #				-STRE	ET ADDRESS		-	
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZiP			
DOCUMENT # NAME				STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY-	-ST-ZIP			
DOCUMENT # NAME				STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	<u> </u>			CITY	-ST-ZIP			
DOCUMENT # - NAME				STRE	ET 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: SGNATURE IND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/1/0/ 850-994-1/11 Date Daytime Phone #