·	MENT#		INESS RE 0001744		(ORK)						0008273
		s limited partn	ERSHIP	·		FILED					Ą
Principal Place of Business			Mailing Address		OT	APR 20 PM 12: 16					
750 SOUTH FEDERAL HIGHWAY POMPANO BEACH FL 33060			% JUPITER LAW CENTER. SUITE 30 6390 INDIANTOWN ROAD JUPITER FL 33458		3EU1	RETARY OF S AHASSEE, FL	ORIDA	i Breil Coilt Lòi	1 4 11 0 16 1 10 17 0	(81) (13) (83)	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number	65-0612409		——	oplied For	,
Zip Country		untry	Zip Country		ntry	5. Certificate of	of Status Desired		8.75 Add		7
	6. Name and A	ddress of Current	Registered Agent		- Name -	7. Name and /	Address of New Ro	egistered A	gent		╡.
GUMSON, ADAM S ESQ. JUPITER LAW CENTER, CHASEWOOD PLAZA 6390 INDIANTOWN ROAD STE 30 JUPITER FL 33458					Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code						
8. The above		nits this statement for	the purpose of chang		ed office or registe ad Agent signature require		, in the State of Floa	rida. Date	· · · · · · · · · · · · · · · · · · ·		
Capital Contributions as Shown on record. \$0.00			10. Amount of in FLORID	f Capital Contri A to date.	butions	SEE REVERSE SIDE FOR FEE INFOR					
-	A GENE	RAL PARTNER T	HAT IS A BUSINES Y NOT be changed	S ENTITY M	IUST BE REGIS	TERED AND AC	CTIVE WITH THIS	S OFFICE.	ner.	•	1
12.		GENERAL PARTNER		13.			ADDRESS CHA				1_
DOCUMENT# NAME	P94000057477		STR	EET ADDRESS	TADDRESS					1,00	
NAME STREET ADDRESS CITY-ST-ZIP HIDEAWAY YACHT SALES, INC. 750 SOUTH FEDERAL HIGHWAY POMPANO BEACH FL 33060				CITY							CR2E003 (11/0
DOCUMENT # NAME					-U5/U3/U1U1154U21] 원
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	B ent. Fra	and 5、a本本本事 [50.00 %	**************************************	ວມ.ບບ	3
DOCUMENT#	and the state of t			STRI	EET ADDRESS						
STREET ADDRESS -CITY-ST-ZIP			<u></u>	CITY	-ST ₌ ZIP						
DOCUMENT # NAME .				STR	EET ADDRESS			·			
STREET ADDRESS . CITY-ST-ZIP				CITY	-ST-Z(P						1

CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this fling 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

STREET ADDRESS

STREET AODRESS

CITY-ST-ZIP

HIDEAWAY YACHT

SIGNATURE:

DOCUMENT #

CITY-ST-ZIP DOCUMÊNT#

NAME STREET ADDRESS

NAME _ STREET ADDRESS

SIGNATURE AND FRED PRINTED NAME OF SIGNING GENERAL PARTNER
PLETTE CALIDYCALL, Pres.

- 3200 Daytime Phone #