DOCUMENT # A9400001815  1. Entity Name  BENAIM FAMILY LIMITED PARTNERSHIP								, ,
					FILED			2
		,			02 APR	30 PM 4:19		
Principal Place of Business 7340 S.W. 56TH STREET MIAMI FL 33156		Mailing Address C/O ROBIN DEMONACO 102 COASTAL WAY JUPITER FL 33477			SECRET TALLAH	ARY OF STATE ASSEE FLORIDA	MJH	
Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc.		CO Monroe N. Benain						
		P.O.Box 3719 City & State			DUE BY MAY 1, 2002			
City & State		TEQUESTA, FL		4. FEI Number	65-0547319	Applied For Not Applicable	;	
Zip	Country	33469	Cour	), S.A.	5. Certificate o		8.75 Additional Fee Required	
- 27	6. Name and Address of Current	Registered Agent		Name	7. Name and A	Address of New Registered A	gent	7
BENAIM, MONROE N 102 COASTAL WAY JUPITER FL 33477				Street Address (B.O. Box Number is Not Acceptable)  City  Tuo tec  FL Zincode: S8				
SIGNATURE  G. Capital Coras Shown of the state of the st			Contri		ed agent, or both	in the State of Florida.  11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR		_
23 010111		THAT IS A BUSINESS ENTI	TY N	NUST BE REGIST	ERED AND A	CTIVE WITH THIS OFFICE		1
12.	GENERAL PARTNE		13.		t must be med	ADDRESS CHANGES ONL		Ⅎ_
DOCUMENT # NAME STREET ADDRESS	P94000051284 Benaim, incorporated 7340 S.W. 56th Street			EET ADDRESS				CR2E003 (9/01)
CITY-ST-ZIP	MIAMI FL 33156			(-ST-ZIP	7000055052875			
DOCUMENT # NAME STREET ADDRESS		i	STR	EET ADDRESS		-05/13/0201 ****526.25	015012 <u>****526.25</u>	- 3
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DOCUMENT #	e e e	- Communication (1) and a separate	STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP		٠		
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STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-2 P				
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DOCUMENT #			STR	EET ADDRESS				
STREET ADDRESS City-St-zip	Y-ST-Z <u>I</u> P			CITY-ST-ZIP				
indicated -	ertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute this	that my signature shall have the	same	e legal effect as if m	ction 119.07(3)(i), ade under oath; t	Florida Statutes. I further certi hat I am a General Partner of t	y that the information ne limited partnership or	

SIGNATURE: \_/

2202 561-743-4029
Davime Phone #