DOCUMENT # A9400001863 RIBECCO, LTD.						SECRETARY OF STATE OIVISION OF CORPORATIONS				
Principal Place of Business Mailing Address 1375 WEST HILLSBORO BOULEVARD 1375 WEST HILLSBORO BOULEVARD DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 334						00 MAR -6	PM 6: 0	14		
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2. Principal Place of Business 3. Mailing Address					11000011	1918 B 114 B 181} BB111 BB111		TI 13841 19114 21352 3113 1961	1	
Suite, Apt. #, etc. Suite, Ap			Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	•	City & State			4. FEI Number	65-0563854	,	Applied For Not Applicable	le	
Zip	Country Zip		Coun	itry	5. Certificate of	of Status Desired		8.75 Additional ee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
ANDERSON, LARRY W				Street Address (P.O. Box Number is Not Acceptable)						
1375 WEST HILLSBORO BOULEVARD DEERFIELD BEACH FL 33442									\dashv	
DEE, 11 100				City		····	FL	Zip Code	-	
8. The above	named entity submits this statement	g its registere	l ed office or regist	tered agent, or both	, in the State of Flori	da.	<u> </u>			
SIGNATURE .										
9. Capital Co	Signature, typed or printed name of registered ager attributions \$5,000,000.00			d Agent signature requi	red when reinstating)			O DEPT. OF STATE		
as Shown o	A GENERAL PARTNER	THAT IS A BUSINESS	ENTITY M	UST BE REGI	STERED AND A	CTIVE WITH THIS	OFFICE.	FEE INFORMATION	-	
12.	NOTE: General Partners M GENERAL PARTNE	IAY NOT be changed o	n the form 13.	; an amendme	ent must be filed	ADDRESS CHAI	eral partn	er.	_	
DOCUMENT#	P94000093947 RIBECCO REALTY MANAGEME	****	STRE	EET ADDRESS					(66/6)	
STREET ADDRESS	1375 WEST HILLSBORO BOUL DEERFIELD BEACH FL 33442		CITY	'-ST-ZIP				<u> </u>	 R2E003 (9/99)	
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14. I hereby o	certify that the information supplied wi on this report is true and accurate an	ith this filing does not qualif	y for the exe	emption stated in	Section 119.07(3)(i), Florida Statutes. I	further certif	y that the information	01	
the receiv	on this report is true and accurate and execute to execute to	this report as required by C	hapter 620, l	Florida Statutes					<i>-</i>	
SIGNAT	URE: SIGNAT	ORE PEOU	IRED)	340	00 954-	421-1	1888	_	
········		OR PRINTED NAME OF SIGNING GE	NERAL PARTNE	ER O		Date		time Phone #	- 1	

SIGNATURE PEOUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ARCHIVET OF THE SIGNATURE OF SIGNATURE OF