SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER NOrman G. Oyodenker, Secretary

DOOL	NACNIT	"				•		
1. Entity Nan	MENT	# A9500	000005	13	٠		·	
MARCO MGROUP LTD.						FILED		
Principal Place of Business Mailing Address						01 MAR -5 PM 1:08		
C/O SOUTHEAST CENTERS 1541 SUNSET DR., STE, 300 CORAL GABLES FL 33143			%NORMAN C	TILLINGHAST LICHT PERKINS SMITH & COHEN LP %NORMAN ORODENKER/10 WEYBOSSET ST 10TH FLF PROVIDENCE RI 02903			SECRETARY INFOCUTABLE	
2. Principal F	Place of Busin	ess	3. Mailing Ad	3. Mailing Address				
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State			City & State	City & State			4. FEI Number Applied For Not Applicable	
Zip Country			Zip				5. Certificate of Status Desired \$8.75 Additional Fee Required	
AVELDOD, ALANI D					Name	7. Name and Address of New Registered Agent ne		
					Street Address (P.O. Box Number is		P.O. Box Number is Not Acceptable)	
2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131					City	□ Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office						ragistora	<u>FL</u>	
b. The above	married endry	SODITIES LIES SLALETHERIC	or the purpose of	changing its register	rea onice or r	egistere	agent, or both, in the state of Fidhida.	
SIGNATURE	Signature, typed o	r printed name of registered ager			ed Agent signatur	a required		
9. Capital Contributions as Shown on record. \$65,246.00 10. Amount of Capital Contributions in FLORIDA to date.						11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
							ERED AND ACTIVE WITH THIS OFFICE. must be filed to change a general partner.	
12.	D	GENERAL PARTNE	R INFORMATION	13.		0/0	ADDRESS CHANGES ONLY Norman G. Orodenker, Esq.	
oocument / Name	P95000017660 MARCO MGP CORP.				REET ADDRESS	10 Weybosset Street, 10th Floor		
STREET ADDRESS CITY-ST-ZIP		56TH ST., 12TH FLO	OR	CIT	Y-ST-ZIP		ridence, RI 02903	
OCUMENT # NAME				STR	REET ADDRESS		÷*	
STREET ADDRESS CITY-ST-ZIP				cin	Y-ST-ZIP			
DOCUMENT #				STR	REET ADDRESS		1000038183017 -03/08/0101022014	
STREET ADDRESS City-St-Zip				CITY	Y-ST-ZIP		***3196.25 *****526.25	
OCUMENT # IAME				STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY	Y-ST-ZIP			
OCUMENT #				STR	EET ADDRESS			
TREET ADDRESS CITY-ST-ZIP				CITY	Y-ST-ZIP		,	
OCUMENT #				STR	EET ADDRESS			
STREET ADORESS CITY-ST-ZIP				CITY	r-st-zip			
4. I hereby of indicated the receiv	certify that the on this report er or trustee of	information supplied wit is true and a curate and empowered to execute the	h this filing does not that my signature his penort as requir	ot qualify for the exe e shall have the sam ed by Chapter 620,	emption state le legal effect Florida Statu	d in Sec as if ma	otion 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership or	

2/6/01