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FILED SECRETARY OF STATE STATE OF STATE				
DOCUMENT # A 95000000895  1. Name of Limited Partnership  Mackenzie Equity Ventures, LTD				
Mackenzie Equi	ty Ventures,	LD		
			DO NOT WRITE IN THIS SPACE.	
2. Mailing Address Park of Commerce	3. Principal Office Address		4. Date Formed or Registered To Do Business in Florida	6/15/95
Suite, Apt. 4, etc.	Suite, Apt. #, etc.		5. FFI Number	Applied For
Boca Raton F/	Cily & Stale		6. Not Applicable	
Zip Country 33487 U.S.A	Zip Country		7. State or Country of Formation	
8a. Capital Contributions as Shown on Record.	FEES:1.) Filing Feo(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of			
/ /00	\$437.50, for pach year due this office.  2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year.			
8b. Amount of Capital Contributions in FLORIDA to date:		nally fee for <u>each year repr</u> reater than amount entered	<u>xt form is delinquent.</u> I in 8a, a supplemental affidavit must be	submitted along with a separate and
Nome and Address of Current Re			10. If changed, now registered as	nent/off.co
New A				gentoonico
Edward Wacks 6501 Park of Commerce Blad 5101 Park of Commerce Blad 5101 Park of Commerce Blad 5101 Park of Commerce Blad 5uite April 1 glc.				
6501 Park of Commerce Died 6501 Park of Commerce Blue Suite Apic.				
Roca Kuton Fl 7-1/07			200	
Boca 1			Raton	FL 33487
10a. Pursuant to the provisions of sections 620 1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered				
agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.				
SIGNATURE (Registered Agent Accepting Appointment) 2 MW audit			. DATE	5/2/97
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY				
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
11. Names of General Partner(s)	Address of Each General Partr (De NOT Use Post Office Box Nun		City, State and Zip Code	11a. Registration Document Number
Corporate Proporty Management INC	confack of	Com. Phy	1 Roca Rota	1 6 11/1/2
management INC	6501 Park of	- White Div	Bocu Raton	46/970
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REINSTATEMENT 97				
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s <b>a</b> l			4 (A)	
			$u_{i}$	<b>)</b>
Now: General partners MAY NOT be changed on this form; an amendment must be flied to change a general partner.				
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as an executed by chapter 620, Florida Statutes.				
Charles and the				
SIGNATURE Many of General Period Signing Form COCOD rate Truing the Telephone Number 561 241-8300				
Typed or Printed Name of General Pariner Signing Form Lorporate 1 rupler 4 Telephone Number 561 241-8300				