
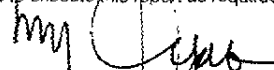


FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A95000000921						Apr 26, 2004 08:00 AM	
1. Entity Name THE ALNA ROSA LIMITED PARTNERSHIP #1						Secretary of State	
Principal Place of Business 2500 E. HALLANDALE BEACH BLVD., STE. HALLANDALE FL 33009				Mailing Address 2500 E. HALLANDALE BEACH BLVD., STE. HALLANDALE FL 33009			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-0603313				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SEGALL, E.M. 2500 E. HALLANDALE BEACH BLVD., STE. 707 HALLANDALE FL 33009				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
9. Capital Contributions as Shown on record.		\$10,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	P95000047502			STREET ADDRESS			
NAME	2500 HALLANDALE BUILDING, INC.			CITY-ST-ZIP			
STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD., STE. 707						
CITY-ST-ZIP	HALLANDALE FL 33009						
DOCUMENT #				STREET ADDRESS	1100000146157		
NAME				CITY-ST-ZIP	05/03/04-80052-012 526.25		
STREET ADDRESS							
CITY-ST-ZIP							
DOCUMENT #				STREET ADDRESS			
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NAME				CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							
14. I hereby certify that the information supplied with this filing 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							
SIGNATURE:  General Partner 4/26/04 954-456-2500							