						- -7				
DOCU 1. Entity Nam	MENT #	A950000	000958							3
` 3091 LTD.						FILED				
Principal Place of Business 1500 FLORIAN DRIVE DANIA FL 33004			Mailing Address 1500 FLORIAN DRIVE DANIA FL 33004		•	2 PN 12: 28 Y OF STATE FE ELORIAN		0		
2 Principal F	Place of Business	13	Mailing Address			IALLAHOSS				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Number 65-0600439 Applied For Not Applicable				ole
Zip		Country	Zip	Count	ry	5. Certificate of	Status Desired	\$8 Fee	.75 Additional	
	6. Name and	d Address of Current Regi	stered Agent			7. Name and A	ddress of New Regist	ered Age	nt	\Box
			.	Name	-	. · · · · · · · · · · · · · · · · · · ·		V 2	'	
COHN, ALAN B % ABRAMS ANTON ROBBINS RESNICK & SCHNEIDER					Street Address	s (P.O. Box Number is	s Not Acceptable)			
	ER STREET			<u> </u>			<u></u>	<u>-</u> -		
	OD FL 33022			Ė	City		·	FL	Zip Code	\dashv
8 The above	named entity su	bmits this statement for the	nurnose of changing its	registere	d office or regist	tered agent, or both	in the State of Florida	<u> </u>		\dashv
or the above	That he childy be	STATES AND SEASON CITE TO LATE	parpose of onlying no	rogioioro	, oo.	torea agont, or bons,	made of the field.			
SIGNATURE .	Signature, typed or pri	inted name of registered agent and titl	e if applicable. (NOTE	Decistored	A			DATE		
9. Capital Contributions as Shown on record. \$100,000.00 In FLORIDA to date					Agent signature requi	rea when reinstating)		DATE		
		\$100,000.00		al Contrib		red when reinstating)	11. MAKE CHECK PA	YABLE TO		_
	on record. A GEN	NERAL PARTNER THAT	in FLORIDA to da	al Contrib ate.	utions JST BE REGIS	STERED AND AC	11. MAKE CHECK PA SEE REVERSE SI TIVE WITH THIS OF	YABLE TO DE FOR F	EE INFORMATION	
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GRING GENERAL PARTNER Date Date Dayline Phone #