CR2E003 (9/99)

2000 DOCU 1. Entity Nam	MENT #		0001469	,	FILES				
COURTYARD DISTRIBUTION CENTER LIMITED PARTNERSHI						SECRETARY OF STATE CIVISION OF CORPORATIONS  OO MAY -1 PH 12: 06			
Principal Place of Business Mailing Address						— 00 MAY -	1 PH12: 06	m	
10260 NW 47TH ST. SUNRISE FL 33351			10260 NW 47TH ST. SUNRISE FL 33351-7967				U		
2. Principal P	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 65-066 1057 Applied For Not Applicable			
Zip ·	C	Country	Zip	. Cou	ntry +	5. Certificate of Status Des		75 Additional Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
WACHS, JEFFREY S ESQ. % DOUMAR CURTIS CROSS LAYSTROM & PERLOFF						Name			
					Street Address (P.O. Box Number is Not Acceptable)				
1177 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316					City	· <del></del>		Zip Code	
					1		<u> </u>		
8. The above	named entity sul	omits this statement for	the purpose of chang	ging Its register	red office or regis	tered agent, or both, in the State	of Florida.		
SIGNATURE	Signature, typed or pri	nted name of registered agent a	nd title if applicable.	(NOTE: Register	ed Agent signature requ	ured when reinstating)	DATE	<del></del>	
9. Capital Contributions as Shown on record. \$5,000.00			10. Amount of Capital Contr		ributions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
as shown	A GEN	IERAL PARTNER T	HAT IS A BUSINES			SEE E	EVERSE SIDE FOR FE		
12.	NOTE: G	eneral Partners MA'		22 EMILL W	NUST BE REG	STERED AND ACTIVE WIT	THIS OFFICE.	E INFORMATION_	
DOCUMENT# P95000050610				on the forn	n; an amendm	STERED AND ACTIVE WIT	THIS OFFICE.	E INFORMATION_	
DOCUMENT# NAME			INFORMATION	on the forn	n; an amendm	STERED AND ACTIVE WIT	THIS OFFICE.	E INFORMATION_	
		0 Distribution cen Th St.	INFORMATION	on the form	n; an amendm	STERED AND ACTIVE WITH ent must be filed to change ADDRES	H THIS OFFICE. a general partnel S CHANGES ONLY	E INFORMATION	
NAME STREET ADDRESS	COURTYARD 10260 NW 47	0 Distribution cen Th St.	INFORMATION	str	n; an amendm	STERED AND ACTIVE WITH ent must be filed to change ADDRES	THIS OFFICE.	52-5 51-016	
NAME STREET ADDRESS CITY- ST- ZIP DOCUMENT # NAME STREET ADDRESS	COURTYARD 10260 NW 47 SUNRISE FL	0 Distribution cen Th St.	INFORMATION	str	n; an amendm - REET ADDRESS Y-ST-ZIP	STERED AND ACTIVE WITH ent must be filed to change ADDRES	HTHIS OFFICE.  a general partner  S CHANGES ONLY  1327345  401/000105	52-5 51-016	
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14. Thereby 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 accumate 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 logicity or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

NAME STREET ADDRESS