200	_ 0.11	LORM DO2		•					- 7
DOCUMENT # A9500001826 1. Entity Name						FILED			
SMITHCON FAMILY INVESTMENTS, LTD.						02 JAN 14 AM 10: 26			
Principal Place of Business 1161 SPANISH RIVER RD. BOCA RATON FL 33432			Mailing Address 1161 SPANISH RIVER RD. BOCA RATON FL 33432		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal I	Place of Bysir	ess	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2002			
City & State			City & State		4. FEI Number	4. FEI Number CE OCO7511 Applied For			
Zip		Country	Zip	Country	5. Certificate o	of Status Desired		Not Applicabl 8.75 Additional ee Required	e
	6. Name	and Address of Current	Registered Agent		7. Name and	Address of New Regis	tered Ag	jent	
CORPORATION SERVICE COMPANY 1201 HAYS ST.				Name Street Addre	ss (P.O. Box Number	is Not Acceptable)			
TALLAHASSEE FL 32301									7
				City			FL	Zip Code	-
8. The above	named entity	submits this statement to	r the purpose of changing its	registered office or regi	latarad acast as both	in the State of Florida		l	
	marriod Critic	DODITING THE BUILDING TO	the perpose of chariging its	registered office of regi	isierea agent, or both	, in the State of Florida.			
	, named entity	·	the purpose of ortaliging its	registered onice of regi	stered agent, or both	, in the State of Florida.			
SIGNATURE		or printed name of registered agent a		registered Unice of Tegi	siered agent, or both				
	Signature, typed on tributions on record.	\$6,569,663.25	10. Amount of Capita in FLORIDA to da	al Contributions		11. MAKE CHECK PA	DATE NYABLE 1 IDE FOR	FEE INFORMATION	
SIGNATURE 9. Capital Co	Signature, typed on tributions on record.	\$6,569,663.25	and title if applicable. 10. Amount of Capita	al Contributions ate.	SISTERED AND A	11. MAKE CHECK PA SEE REVERSE SI	DATE NYABLE 1 IDE FOR	FEE INFORMATION	
SIGNATURE 9. Capital Co	Signature, typed on tributions on record. A G NOTE:	\$6,569,663.25 ENERAL PARTNER T General Partners MA GENERAL PARTNER	10. Amount of Capita in FLORIDA to da HAT IS A BUSINESS EN' Y NOT be changed on the	al Contributions ate.	SISTERED AND A	11. MAKE CHECK PA SEE REVERSE SI	OATE NYABLE 1 IDE FOR DFFICE. al partr	FEE INFORMATION	
SIGNATURE 9. Capital Coas Shown	Signature, typed on tributions on record. A G NOTE: P9500008 SMITHCOI 1161 SPA	\$6,569,663.25 ENERAL PARTNER T General Partners MA GENERAL PARTNER 5960 N INVESTMENTS, INC. NISH RIVER ROAD	10. Amount of Capita in FLORIDA to da HAT IS A BUSINESS EN' Y NOT be changed on the	al Contributions ste. TITY MUST BE REG se form; an amenda 13. STREET ADDRESS	SISTERED AND A	11. MAKE CHECK PA SEE REVERSE SI CTIVE WITH THIS O to change a gener	OATE NYABLE 1 IDE FOR DFFICE. al partr	FEE INFORMATION	03 (9/0!)
9. Capital Coas Shown 12. DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed on tributions on record. A G NOTE: P9500008 SMITHCOI 1161 SPA	\$6,569,663.25 ENERAL PARTNER T General Partners MA GENERAL PARTNER 5960 N INVESTMENTS, INC.	10. Amount of Capita in FLORIDA to da HAT IS A BUSINESS EN' Y NOT be changed on the	al Contributions ste. TITY MUST BE REG te form; an amenda	SISTERED AND AG	11. MAKE CHECK PA SEE REVERSE SI CTIVE WITH THIS O I to change a gener ADDRESS CHANGE	NYABLE 1 IDE FOR OFFICE. (a) partr	FEE INFORMATION	12E603 (9/0!)
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9. Capital Co as Shown 12. DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed on tributions on record. A G NOTE: P9500008 SMITHCOI 1161 SPA	\$6,569,663.25 ENERAL PARTNER T General Partners MA GENERAL PARTNER 5960 N INVESTMENTS, INC. NISH RIVER ROAD	10. Amount of Capita in FLORIDA to da HAT IS A BUSINESS EN' Y NOT be changed on the	Il Contributions tete. TITY MUST BE REG te form; an amendn 13. STREET ADDRESS CITY-SI-ZIP	SISTERED AND AG	11. MAKE CHECK PA SEE REVERSE SI CTIVE WITH THIS O I to change a gener ADDRESS CHANGE HELLIGIT TO TO -01/16/02	DATE NYABLE 1 IDE FOR OFFICE. All partr SONLY	FEE INFORMATION Dec. 175-025	CR2E003 (9/0!)
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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: <u>/</u>